# Children's World

YEAR IN REVIEW 1996

President and Chief Executive Officer: David S. Weiner
Chairman of the Board: George H. Kidder
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# Message from the Chairman and President

*David S. Weiner, president and chief executive officer, left, and George H. Kidder, chairman of the Board of Trustees*

The television broadcasts of the 1996 Summer Olympic Games, which drew a remarkably large audience, provided some extraordinary personal vignettes of individual athletes in the moment just prior to their competitive event. Whatever the event, whether track and field, gymnastics, or swimming, what made a strong impression for the viewers was the picture of those great athletes pausing to focus their concentration and summon strength from within. Then, as the events unfolded, there passed before our eyes the superb performances of these athletes, reflecting months and even years of dedicated practice and conditioning.

We introduce this annual report with reference to last summer's Olympics because for Children's Hospital 1996 was a year of reflection and focus on our need to commit ourselves to the new challenges facing us in this era of evolving health care delivery. Children's Hospital's leadership and staff took time in 1996 to look thoughtfully inward, to listen actively to one another and to our many constituents, and to gather the strength and resources to go forward with energy and purpose. Most of the year was spent collectively exploring how this great institution could develop the core strategies to implement our vision of an independent, world-class health care delivery system focused exclusively on children.

Like Olympic champions, we, too, received a gold medal in 1996. Being named the best children's hospital in the nation by *U.S. News & World Report* for the seventh year in a row is a great source of pride for our staff, as well as an incentive for our strategic planning effort to maintain and extend the hospital's extraordinary level of achievement into the future. This planning effort began last April when the Board of Trustees and the medical leadership agreed that the best way to fulfill our mission into the next century is to remain independent. In November, the Board reaffirmed that our own measure of excellence continues to be expressed within our mission statement: For Children's to remain the premier pediatric academic medical center in the world, we must continue to value the four elements of our mission—patient care, teaching, research, and service to the community—and find new ways to advance each one.

During 1996, medical and administrative staff throughout the hospital held discussions and focus groups to better understand trends in the market-

place, to learn when we must challenge those trends to ensure that all children have access to health care, and to plan for the future. This period of self-examination involved evaluating our strengths, our weaknesses, and opportunities for growth.

Our distinction in two of the four parts of our mission—teaching and research—is unparalleled. Our training programs have long been sought after by the nation's finest future pediatricians and pediatric specialists, and we continue to be the leader in applications for residency and fellowship programs. Last July, our Department of Medicine residency program merged with the pediatric residency program at Boston Medical Center, formerly Boston City Hospital, to form the Boston Combined Residency Program in Pediatrics. The program has already attracted a superb group of medical school graduates wishing to specialize in pediatrics; last spring, there were more than 3,000 applications for the 37 slots that opened in July. This is, by all standards, a significant accomplishment for the program's first year.

We continue to achieve milestones in research, garnering more federal funding for research than any other children's hospital in the world. Today, however, the realities of health care and government funding also demand that research efforts continuously demonstrate their value to society by promising imminent improvements in children's health. In response, we intend to build clinical research programs that are designed to rapidly move new discoveries from the laboratory to the bedside. Home to the world's largest pediatric research center, Children's is well positioned to lead the way in generating new knowledge that continues to improve the health of children.

In the many discussions that occurred throughout the year, we determined that certain aspects of the other two components of our mission—patient care and service to the community—must be strengthened. Our quality of clinical care is unsurpassed. The key to strengthening patient care is improved service: All of us, from administrators to clinical staff to front-line staff, must rededicate ourselves to making the experiences of the families who turn to us for care, and the primary care physicians, specialists, and other health care providers who refer their patients to us, as seamless, pleasant, and dignified as possible. This requires not just a new, more broadly defined spirit of service, but also a financial investment in our infrastructure, including enhancing information systems and facilities, and adding physician and clinical personnel and support staff.

One of the most important realizations to emerge this year is the reaffirmation that our work is not simply treating children who are in the hospital, but maintaining and improving the health of children in the community. Today, more than ever, Children's is a leader in caring for Boston's children in the face of social stresses that weigh on urban families and challenge the overall quality of life for children. Through our expanded commitment to the Community Benefits Program, we have worked with the community to develop alliances and implement initiatives that broaden access to primary, preventive, and outpatient specialty care, and that support and improve the well-being of families.

The cornerstone of those partnerships is Martha Eliot Health Center, which in 1996 celebrated its 30th anniversary of caring for children and families. In September, Martha Eliot opened a state-of-the-art facility in the new Jamaica Plain Center, adjacent to its former location in the Bromley-Heath housing development. The new center is designed to better coordinate care, making it easier for families to access services in their own neighborhood.

Despite our many accomplishments in the area of community service, we know that this work is never done. Growing public health and social needs of children, combined with reductions in public and private funding from all sources, call for us to exert a greater influence on the social and political factors that contribute to good health, while we work to keep our doors open to any child who

By remaining faithful to and investing in our mission, we face the next century in a position from which to capitalize on the opportunities ahead, and on the experience of more than 127 years of leadership in championing the cause of the health and well-being of tomorrow's children.

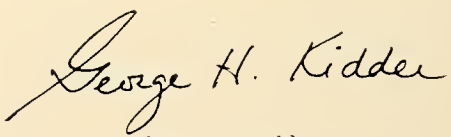
needs care. For example, early last year, we worked with the Children's Health Care Access Coalition and the state legislature to actively support "An Act to Improve Health Care Access," legislation that expands health insurance for thousands of uninsured children in Massachusetts. As a national leader in advocacy for child health, Children's will continue to support and introduce new public policy initiatives to improve children's health at home and throughout the country.

During the year, Children's Hospital also formed strategic alliances with community hospitals to extend access to quality pediatric care and to provide specialty services for children in their local communities. On Feb. 1, 1997, Children's began providing round-the-clock staff coverage for inpatient and urgent care pediatric patients at Winchester Hospital. Our neonatologists have staffed the Special Care Nursery at Winchester since 1988, and this program builds on that long-standing collaboration.

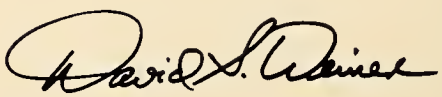
Being service-driven means viewing all those in the medical community who interact with us on behalf of pediatric patients as customers. By listening to their needs, we can support primary care providers, the key players in the management of children's health care needs, and help them more effectively manage the care of their patients. We are working with them and other partners to become more responsive and to create opportunities to better serve them.

As we pursued new planning objectives for Children's Hospital during 1996, we also were privileged to bring on board a fine new leader. Last July, we welcomed as physician-in-chief Dr. Philip A. Pizzo, who had been acting scientific director of the Division of Clinical Sciences and chief of Pediatrics at the National Cancer Institute. Dr. Pizzo has a distinguished clinical and research career in pediatric hematology/oncology and infectious diseases. Since his arrival, he has demonstrated great insight and energy, engaging each of our leadership constituencies to move Children's forward into the 21st century as the world's pediatric leader.

Children locally, regionally, nationally, and throughout the world depend on us more than ever either for direct care or for our role in shaping the care they receive from others. Our year of soul searching, listening to the needs of all our customers, both internal and external, and fitting them together in a game plan for the future will enable us to navigate toward the millennium, confident that we are doing our very best to serve and care for children—our hope for the future. By remaining faithful to and investing in our mission, we face the next century in a position from which to capitalize on the opportunities ahead, and on the experience of more than 127 years of leadership in championing the cause of the health and well-being of tomorrow's children.



George H. Kidder
Chairman of the Board



David S. Weiner
President and
Chief Executive Officer

SPECIAL REPORT

*For Children's to remain the premier pediatric academic medical center in the world, we must continue to value the four elements of our mission—patient care, teaching, research, and service to the community . . .*

# Special Report

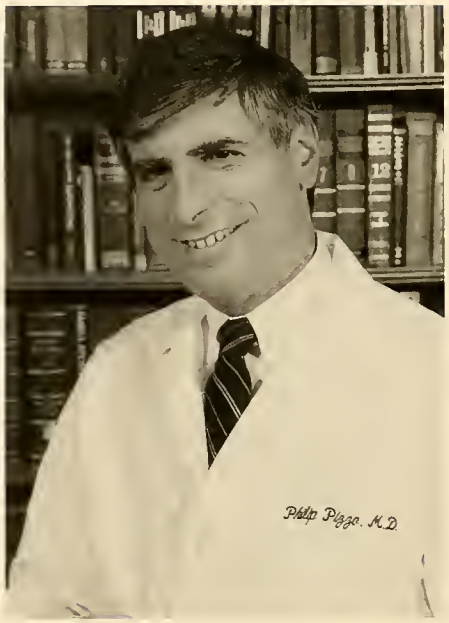
## *New physician-in-chief leads Children's into the 21st century*

In July, Philip A. Pizzo, M.D., joined Children's as physician-in-chief and chairman of the Department of Medicine, succeeding David G. Nathan, M.D., who served as Children's physician-in-chief for 11 years. Pizzo is also Thomas Morgan Rotch Professor of Pediatrics and serves as faculty dean for Academic Programs at Harvard Medical School (HMS). In this role, he represents Children's faculty in the academic and research programs carried out jointly with HMS and acts as liaison between the dean's office and Children's faculty. In addition, Pizzo serves on the HMS Council for Academic Deans with faculty deans of the other major Harvard teaching hospitals.

Pizzo came to Children's from the National Institutes of Health (NIH), where he had been chief of Pediatrics at the National Cancer Institute (NCI) since 1982, and acting scientific director of the NCI's Division of Clinical Sciences. He also headed its Infectious Diseases Section and was professor of Pediatrics at the Uniformed Services University for the Health Sciences in Bethesda, Md.

Pizzo received his medical degree with honors and distinction in research from the University of Rochester School of Medicine in New York, and completed his internship and residency at Children's in 1973. He then joined the NIH where his clinical and research efforts focused on the treatment of childhood cancers and on the diagnosis, management, and prevention of infectious complications in immunocompromised patients. Pizzo and his colleagues pioneered the development of new treatments for children with HIV/AIDS and streamlined the procedure for drug development for children with catastrophic diseases, helping to speed access to clinical advances.

In the following conversation, Pizzo discusses his vision for re-engineering Children's training and research mission to meet the challenges of health care delivery in the next century.




*Philip A. Pizzo, M.D.*

***You have now been at Children's for nine months. What do you see as the institution's strengths and the challenges it must prepare to face in the years ahead?***

**Pizzo:** Children's Hospital is the leading pediatric institution in the country. We are well positioned to maintain our clinical excellence into the next century, but we must be sure to sustain the other parts of our mission, as well. Children's has a responsibility—a mandate—to anticipate the future so that we can train new physicians to provide the best care in the health delivery systems of the future and to carry out the best possible research.

In the Department of Medicine, we are asking fundamental questions: 'What is the future of pediatrics? What roles will pediatricians play in the future? How should we organize ourselves to train the next generation of pediatric health care providers?' The call of the moment is for training more primary care physicians and fewer specialists. At Children's, we concur with the need for more primary care in the community today, but we have to look 20 years ahead and design training programs to meet tomorrow's needs.

*How is pediatric care delivery changing?*

**Pizzo:** The traditional province of the pediatrician has changed. For the most part, children today are healthy, largely due to better preventive approaches. There are now vaccines for many of the traditional childhood illnesses, including one for H. influenza B that was pioneered by Drs. David Smith and Porter Anderson at Children's in the 1960s and early 1970s, and it has almost eliminated one of the most common forms of serious meningitis in children. And in the next few years, we are likely to see new vaccines for streptococcus, rotavirus, and respiratory syncytial virus, illnesses that have generally occupied a lot of attention in pediatric practices.

The future is impossible to predict, of course, but given the trends we are seeing—lower acuity of illness and the rising influence of managed care—the Department of Medicine is examining one model in which pediatricians will act as general specialists and consult on a regional basis with family practitioners, nurse practitioners, and other members of a care delivery team at the community level.

*How will the next generation of pediatricians work with these family and nurse practitioners to provide care?*

**Pizzo:** In my own view, general specialist pediatricians will consult around a broad panoply of diseases that affect children, in particular, chronic and serious illnesses—the illnesses that bring children to Children's Hospital today. These would include cystic fibrosis, cancer, chronic diseases of disability, multi-system diseases, or complicated disorders, like heart disease, that require integrated care by individuals truly specialized in the art and practice of pediatrics.

Complex or highly technical cases must continue to be managed in tertiary care centers like Children's Hospital, where the case volume allows for the development of more efficient ways to deliver care and where research is also taking place.

*How is training in the Department of Medicine being redesigned to meet the needs of the future?*

**Pizzo:** We are reconfiguring the interface between the training program and the clinical programs in the Department of Medicine to offer education models that reflect the changing way care is being delivered. We will make greater use of ambulatory facilities to teach residents about chronic illnesses. Today, most pediatric training is done on inpatient units, where physicians-in-training have limited exposure to a disease's spectrum. This does not reflect today's patient population for whom most care is provided in outpatient settings. The Boston Combined Residency Program, our joint training program with Boston Medical Center (formerly Boston City Hospital) integrates this approach to care provision very effectively. The program has been met by enormous enthusiasm by the interns who are now nearly through their first year, and by the more than 3,000 applicants for the 37 positions in the July 1997 class.

In addition, future medical training must incorporate the enormous and exciting input emerging from basic science, as well as the impact of disease and our changing society on the lives of infants, children, and adolescents. On the one hand, we must ensure that our future pediatricians are well grounded in the scientific underpinnings of growth and development and their disturbances. Yet, at the same time, we also recognize that an increasing number of health care problems brought to pediatricians involve behavioral issues. Indeed, since the 1950s, pediatricians have been increasingly addressing behavioral issues involved in child rearing and development, although these areas have often been less well served by our educational paradigms. We must also ask whether these areas should be in the province of pediatricians or other specialists. If they are going to be in the province of pediatricians, a cadre of physicians has to be appropriately trained to deal with them effectively.

*What do all these changes mean for Children's Hospital?*

Pizzo: There will always be a need for specialty hospitals devoted exclusively to children, but I don't know how many children's hospitals like ours will exist in 20 years. Even now, improvements in the treatment of common illnesses are eroding the need for such hospitals. Fewer children need to be hospitalized, and community hospitals can care for many of those that do. Ideally, in the future, community hospitals should be linked via information technologies to institutions like Children's Hospital that are populated with specialists. Such partnerships should optimize the delivery and distribution of care, and should also gather data to help guide the future practice of pediatrics.

So, what kind of physicians should we train for the future? It would be easy to capitulate to the rhetoric of the moment and agree to train more primary care pediatricians, but we have a responsibility to the children of the future. We want to be sure to achieve the correct balance so that we sustain a community of excellence. We want to be as certain as possible that we provide the next generation of pediatricians with the skills and knowledge that permit productive and meaningful careers. We also want to be certain to train our next generation to continue the process of discovery, in both fundamental and patient-oriented research, so that progress against the serious afflictions of childhood continues into the next century.

*You came to Children's with a vast background in clinical research. What is your vision for Children's research program?*

Pizzo: The opportunities for research excellence at Children's are unparalleled, and turning those opportunities into programs that can benefit children is central to the hospital's mission. I would like to help put an interdisciplinary infrastructure in place so that when ideas are ready to be developed, they can be moved quickly from the laboratory bench to the bedside: This process is called translational research. The effort in pediatric AIDS research is a good example of this. In a matter of years, our ability to treat and prevent HIV/AIDS in infants and children was greatly improved. This occurred as a consequence of thoughtful utilization of information gained in the laboratory that was quite rapidly applied in the clinic. I believe it is incumbent on us to establish the wherewithal to ensure these thoughtful approaches are applied to the lives of children. Indeed, having the systems in place will permit us to address current problems as well as unanticipated and even new diseases that affect children in the years ahead.

*In this era of declining research support, how could translational research be funded at Children's?*

Pizzo: Public-private partnerships are critical to an endeavor like this. My dream is to establish a clinical research center at Children's that would be supported by traditional public funds like NIH's General Clinical Research Center funding, research grants, and, in part, by philanthropy. Private funding is necessary to sustain interdisciplinary research, where cost shifting is essential to transition discoveries from the laboratory to the clinical setting. The center would support novel investigator-initiated work, but also work that looks at the 'problem of the day' with an interdisciplinary approach, as in the AIDS example. My vision is to bring teams together from Children's, Harvard Medical School, and other academic medical institutions to address the important problems that affect children in an organized and concerted way, and to move toward solutions.

As the health care marketplace drives hospitals to be more competitive with one another, it is imperative that we find common ground and work to sustain our shared mission of caring for children. This center would provide a forum for dialogue about the issues that face those of us that care about children. With a community spirit, shared information, and common goals, we must continue to strive to make progress for children into the next century.

# 1996 ACTIVITIES AND ACCOMPLISHMENTS

*Home to the world's largest pediatric research center, Children's is well positioned to lead the way in generating new knowledge that continues to improve the health of children.*

# Strides in Patient Care

## Conjoined twins separated

On July 23, 1996, W. Hardy Hendren, M.D., chief of the Department of Surgery, separated conjoined twins in a 23-hour procedure. Born facing each other and joined from their lower chest to their bottoms, Marcos and Geremias Mendez, of Guatemala, shared one liver and one pair of kidneys, and their intestinal tracts ended in one large intestine. The twins were brought to Children's by Richard and Nancy Troast, of North Haledon, N.J., who are hosts for Healing the Children, a nonprofit organization that offers medical care to children whose conditions cannot be treated effectively in their native countries. Geremias and Marcos are home with the Troasts recovering further before returning to Guatemala.

Hendren, who has operated on more than 10 sets of conjoined twins, was the first surgeon in Boston to successfully separate conjoined twins in 1969. Conjoined twins occur in 1 in every 60,000 births, but in many cases, the twins are stillborn or separation does not allow both children to survive.

*Following surgery to separate the twins, Richard Troast holds Marcos Mendez, at 9 months, as he reaches out to his brother Geremias. Julie Dolan, B.S.N., R.N., staff nurse I on 8 West, looks on.*

## Sickle cell therapy proves effective

Led by Carlo Brugnara, M.D., director of the Clinical Hematology Laboratory at Children's, a group of researchers from Children's, Beth Israel Deaconess Medical Center, and Harvard Medical School, proved the efficacy of the medication clotrimazole in treating sickle cell anemia. The results of three-week clinical trials, testing clotrimazole's effects, were published in the March 1996 issue of *The Journal of Clinical Investigation*.

An inherited blood disorder, sickle cell anemia is diagnosed in 1 in every 600 African Americans. In patients with sickle cell anemia, red blood cells become periodically dehydrated and oxygen-depleted, causing the cells to become crescent-, or sickle-, shaped and obstruct blood flow to tissues. The researchers found that clotrimazole, a medication commonly sold over the counter to treat vaginal yeast infections, can prevent the dehydration of red blood cells and reduce the painful, debilitating effects of the disease. Longer clinical trials are currently being planned nationwide.

## Eye implant halts vision loss

Cytomegalovirus (CMV) retinitis, an infection of the retina, is the leading cause of vision loss in patients with HIV/AIDS. In June 1996, Children's became one of the first medical centers nationwide to offer a new surgically placed implant to treat CMV retinitis in pediatric patients before it causes severe loss of vision or blindness. Patients with HIV/AIDS are susceptible to the virus because their immune systems are compromised.

Performed at Children's by Eric Pierce, M.D., Ph.D., assistant in Ophthalmology, and Lois E.H. Smith, M.D., Ph.D., associate in Ophthalmology, the procedure involves implanting a disk approximately 5 millimeters wide into the eye's vitreous cavity behind the lens. The disk, the first implanted medication for eye disease, slowly releases the medication Ganciclovir over a period of eight months.

The Ganciclovir implant can replace intensive intravenous (IV) therapies that require up to three weeks of hospitalization and ongoing IV medica-

tions at home. Neither the new procedure nor IV therapies reverse the effects of CMV retinitis, but they can stop the virus from replicating and stall further vision loss.

### Heart Transplantation Program marks 10th anniversary

In 1986, Children's became one of several pioneering centers to offer pediatric heart transplantation. Led by medical director Stanton B. Perry, M.D., associate in Cardiology, and surgical director John E. Mayer Jr., M.D., senior associate in Cardiovascular Surgery, a multidisciplinary team of cardiovascular surgeons, cardiologists, nurses, social workers, and psychiatrists have cared for 57 pediatric patients who have received heart transplants. Children most often require heart transplantation as a treatment for complex congenital heart disease or cardiomyopathy, a failure of the heart muscle. Children's has the only pediatric heart transplantation program in New England.

### Ureter defect corrected with scope

In September 1996, Children's began enrolling patients in a clinical trial to study the efficacy of minimally invasive, or endoscopic, repair of vesicoureteral reflux, a condition occurring in 1 in 10 infants and toddlers in which urine does not drain properly into the bladder. Chronic urinary tract infections and, in some cases, kidney damage result.

Developed by Anthony J. Atala, M.D., assistant in Surgery (Urology), the noninvasive treatment begins with a biopsy of a patient's own ear cartilage. After reproducing the cartilage cells in the laboratory, the tissue-engineered cells are implanted through a small incision with an endoscope at the site where the ureter attaches to the bladder, adjusting the incorrect angle of attachment that causes the reflux. The new cartilage cells permanently correct the defect.

To date, 18 children have been enrolled in the trial, which is being conducted by David A. Diamond, M.D., associate in Surgery (Urology). This approach may change the standard treatment for vesicoureteral reflux from a four-day hospital stay to an outpatient procedure.

## A Life Saved

*Heart transplant patient Claire Brennan, 6, of Quincy, Mass., hugs her parents Paul and Claire, while her sister, Patricia, 1, sits on her mother's knee.*

There are times when all the years of training, research, and clinical experience of Children's staff are called upon all at once to save the life of a child. The day Claire Brennan came to Children's Hospital was one of those days. Struck by a virus that caused sudden cardiac arrest, Claire collapsed in Children's emergency department on Dec. 26, 1995. Claire was near death when a team of cardiovascular surgeons rushed to Emergency Services, opened her chest, and used a machine to pump for her sick heart. "We knew if we didn't do something heroic," remembers Stephen J. Roth, M.D., assistant in Cardiology, "she would not survive."

With little time left, Claire was listed for a donor heart to replace her failing one. Her parents' prayers were answered on New Year's Eve when Children's surgeons performed a heart transplant. Claire began 1996 with a new heart, and last fall, she began first grade. "We can never thank Children's enough," says Claire's father Paul. "Every person put in 110 percent to save my girl."

## Minimally invasive surgery makes advances

In March 1996, Steven J. Fishman, M.D., assistant in Surgery, performed the first laparoscopic splenectomy at Children's Hospital. Video-assisted laparoscopy and other minimally invasive surgical procedures have been widely used in adult medicine since the mid-1980s, but not until this decade have new or adapted procedures been introduced to pediatrics. By surgically removing organs or conducting procedures through small incisions with miniature fiber-optic telescopes and special instruments, minimally invasive surgery enables patients to recover with less pain and return home sooner. For example, following laparoscopic splenectomy, patients may be discharged and resume normal activities in as few as two days, compared to a more lengthy recovery after open surgery.

Since 1994, the Department of Cardiovascular Surgery has used minimally invasive techniques to correct congenital heart defects, including patent ductus arteriosus, an opening between the heart's two major blood vessels. In April 1996, the department expanded these efforts and began using minimally invasive techniques to repair atrial septal defects, ventricular septal defects, and atrioventricular canal defects—all holes in the wall that separates the chambers of the heart. An alternative to open heart surgery, minimally invasive procedures have been performed on patients as young as 5 months and up to 14 years old. According to Pedro J. del Nido, M.D., associate in Cardiovascular Surgery, who has conducted many of the minimally invasive cardiac procedures, early indicators suggest that these techniques may also reduce the need to support patients with a respirator post-operatively or the time patients require ventilatory support following surgery.

Research and applications of minimally invasive procedures for pediatrics have been initiated in many surgical departments at Children's, including Cardiovascular Surgery, General Surgery, Gynecology, Neurosurgery, Orthopaedic Surgery, and Urology.

*Henry H. Bernstein, D.O., examines Sherilynne Candad, 4, of Jamaica Plain, Mass., in Children's primary care practice, Pediatric Health Associates.*

## Primary care programs merge

In June 1996, Children's two hospital-based primary care practices, the Comprehensive Child Health Program (CCHP) and Pediatric Group Associates (PGA), merged to form one pediatric primary care program: Pediatric Health Associates (PHA). Seeing an average of 750 patients per week, the new program's staff provide primary care to many of Boston's urban children. CCHP and PGA merged to consolidate resources and to improve efficiency in care delivery to patients and families. Henry H. Bernstein, D.O., associate chief of the Division of General Pediatrics and director of Primary Care, oversees PHA's patient care, medical education, and research endeavors.

The new service combines the coordinated, continuous primary care services and specialty programs that were a hallmark of CCHP with the resident training and research in general pediatrics that were important features of PGA.

## Service offers short-term anesthesia

In the fall of 1995, Children's initiated a short-term general anesthesia service designed to fill the gap between conscious sedation, which involves local anesthesia and a mild anti-anxiety medication, and general anesthesia administered in the operating room. Established by Constance S. Houck, M.D., associate in Anesthesia and clinical director of Anesthesia Sedation Services, the service allows patients to be unconscious during brief but painful procedures, minimizing patients' anxiety and discomfort. Children's now uses short-term general anesthesia for many cancer-related procedures, such as bone marrow aspirations and central venous line removal; endoscopic gastrointestinal procedures; closed fracture reductions; liver biopsies; muscle and nerve blocks to treat spasticity related to cerebral palsy; and a broad range of other diagnostic procedures and treatments.

## Visual Function Program tests eyesight in infants, young children

In early 1996, Children's Hospital's Department of Ophthalmology introduced the Visual Function Program, a service for infants and young children diagnosed with ocular or neurological disorders. Using specialized testing methods developed by D. Luisa Mayer, Ph.D., research associate in Ophthalmology, the program evaluates a child's functional visual ability and provides recommendations to the patient's family and educators for early intervention and educational development.

One new clinical test developed by Mayer, which is available only at Children's, measures peripheral vision in babies—something that has traditionally been very difficult to do—and provides important information on the extent of visual impairment in infants as young as 4 months. Mayer also developed norms for the Acuity Card test for young children, which measures central vision using high-contrast patterns. This test is now in routine clinical use at Children's and beyond.

*A new service allows patients to safely receive general anesthesia for short but painful procedures. Constance S. Houck, M.D., prepares to anesthetize Eric Lutfy, 3, of Uxbridge, Mass., as his mother Mary Lou holds his hand.*

## Children's treats childhood obesity

According to some studies, 22 percent of American children are overweight, and statistics show that the number is growing. With the hope of preventing future life-threatening and costly illnesses for overweight children, in January 1996, Children's initiated an outpatient Pediatric Obesity Program. Under the co-direction of Alison G. Hoppin, M.D., assistant in Medicine (Gastroenterology/Nutrition), and David S. Ludwig, M.D., Ph.D., assistant in Medicine (Endocrinology), the program is intended to diagnose and treat children of all ages who are clinically overweight, or obese.

Patients who are referred to the program undergo extensive examinations to determine the possible causes of obesity. If underlying medical conditions are ruled out as a cause, staff in the program design individualized treatment plans for patients that offer a dietary and exercise regimen, nutrition counseling, and suggestions for behavioral modification. The program also aims to counteract low self-esteem, another long-term effect of childhood obesity, by developing plans that children can successfully follow.

# Research Highlights

## Greenberg laboratory identifies gene for nurturing behavior

In July 1996, Michael E. Greenberg, Ph.D., director of the Division of Neuroscience, along with doctoral student Jennifer R. Brown and colleagues from Harvard Medical School and Tufts University, published a study in the journal *Cell*, demonstrating that nurturing behavior in mice can be halted by deletion of a single gene. The discovery is widely regarded as a major breakthrough in the field of behavioral genetics.

Within minutes of giving birth, normal mice gather their offspring into a nest and crouch over them to keep them warm. Mice in which the researchers selectively mutated the gene *fosB* ignore their babies, leaving them to die one to two days after birth. Greenberg and Brown's experiment demonstrates the enormous effect that one gene can have in determining complex behavior. This work may lead to a better understanding of the genetic basis for behavior in humans, who also have the *fosB* gene.

## Cardiovascular Program gains new research leadership

*David E. Clapham, M.D., Ph.D.*

In August 1996, following a year-long search, the Department of Cardiology and the Cardiovascular Program welcomed David E. Clapham, M.D., Ph.D., as director of Basic Research and senior associate in Cardiology. Clapham came to Children's from the Mayo Clinic in Rochester, Minn., where he had been a lead researcher and professor of Physiology and Biophysics since 1987.

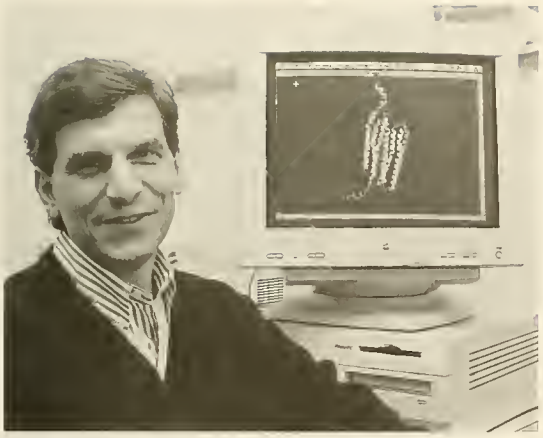
Clapham's studies of the molecular biology of the cardiovascular system have had a broad impact on the field. He has conducted a landmark set of studies that broadly define the function of inward potassium channels in numerous systems, including the cardiovascular system. He has also investigated the nervous system's control of cardiac heart rate and rhythm. A graduate of Emory School of Medicine in Atlanta and of Emory's doctoral program in Anatomy and Cell Biology, Clapham completed his residency at Brigham and Women's Hospital and served on the Harvard Medical School faculty from 1984 to 1987 before moving to the Mayo Clinic.

## Researchers make HIV breakthrough

A major scientific discovery by a team of researchers at Children's Hospital and Dana-Farber Cancer Institute was cited as contributing to the "Breakthrough of the Year" in the Dec. 20, 1996 issue of *Science*. For 10 years, scientists have known that HIV infects a healthy cell by binding with the protein CD4 on the cell's surface. Not until late 1995, however, did scientists begin to accept controversial data that a second receptor on the cell surface was involved in the process. In the spring of 1996, the co-receptor was identified by the Children's/Dana-Farber team, advancing the understanding of how HIV replicates and offering new approaches for therapeutic developments.

The discovery occurred while a Children's research team in the Ina Sue Perlmutter Laboratory for Cystic Fibrosis Research, led by Craig J. Gerard, M.D., Ph.D., assistant in Medicine (Pulmonary Medicine), was studying the role of proteins called chemokines in inflammatory responses common to the inherited respiratory disease cystic fibrosis. Suspecting that a chemokine receptor was the unknown co-receptor for HIV, Gerard and his team began collaborating with Joseph Sodroski, Ph.D., chief of the Laboratory of Retrovirology at Dana-Farber, and a team of scientists from LeukoSite, a biotechnology company in Cambridge, Mass. Together, they identified the co-receptor as chemokine receptor CCR5.

This basic scientific discovery is directing the search for therapies that prevent the virus from replicating by investigating how to block CCR5 from binding with HIV. The team's findings were first pub-



*Craig J. Gerard, M.D., Ph.D., with a computer-generated image of a protein discovered to be involved in the replication of HIV*

lished in the June 28 issue of *Cell*. Demonstrating the pace of new discoveries and therapies in HIV research, the Boston team was one of five teams in the United States and abroad to publish the chemokine finding within a two-week period.

## New catheter assists in diagnosis of complex cardiac arrhythmias

Led by Kathy J. Jenkins, M.D., M.P.H., and John K. Triedman, M.D., associates in Cardiology, in December 1995, Children's initiated a multi-center clinical trial for the Webster-Jenkins basket catheter, a device that provides rapid diagnostic information on electrical activity in the heart. Designed by Jenkins, James E. Lock, M.D., cardiologist-in-chief, and Cordis Webster, an electrophysiology device manufacturer in California, the basket catheter, when inserted through a blood vessel to the heart, can collect information from 25 sites across the surface of the heart at one time—more than any other catheter on the market. By mapping the electrical impulses that stimulate and regulate the beating of the heart, the catheter assists in detecting and understanding the most complex cardiac arrhythmias, or irregular electrical patterns that can be life threatening.

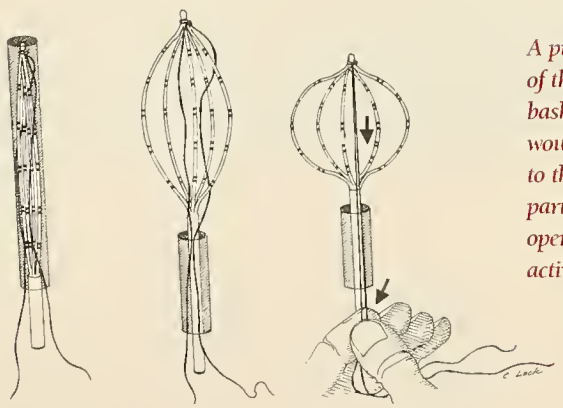
Using information provided by the basket catheter, Triedman developed a new computerized mapping system, which allows several hundred sites to be displayed simultaneously. The data can identify the origin of an arrhythmia and assist with therapies to interrupt irregular patterns that may cause cardiac arrest.

Eight centers are participating in the trial, and 37 patients benefited from the new device's diagnostic capabilities during 1996.

## Study evaluates best method for retaining transplanted kidneys

A clinical trial led by William E. Harmon, M.D., chief of the Division of Nephrology and clinical director of the Renal Transplantation Program, is evaluating different induction therapies, or medications administered to prevent the immune system from rejecting foreign organs in transplant patients. This study, now in its second year, is the first to scientifically compare the efficacy of the two induction therapies used for kidney transplantation in pediatrics, and will ultimately help to establish a protocol that will offer every child the best chance of retaining his or her new kidney.

The four-year, multi-center study, funded by the National Institutes of Health, compares intravenous



*A preliminary design of the Webster-Jenkins basket catheter as it would look while guided to the heart in a sheath, partially open, and fully open to detect electrical activity in the heart*

*Kidney transplant patient Jennifer Gould, 11, of Gilford, N.H., is enrolled in a clinical trial to study medications used to help transplant patients retain their donor organs. Jennifer sits with her mother Trish, who was her donor.*

cyclosporine, an immunosuppressant that interrupts the signals between disease-fighting white blood cells and prevents them from attacking the foreign organ, to OKT3, an antibody that inactivates the white blood cells. The trial is scheduled to conclude in 1999.

## Laboratory research may lead to therapy for Down syndrome

In the December 1995 issue of *Nature*, Bruce A. Yankner, M.D., Ph.D., assistant in Neurology, and Jorge Busciglio, Ph.D., former research assistant at Children's, reported the results of basic research that may hold promise for understanding the degeneration of brain cells in patients with Down syndrome. Establishing the first laboratory system for studying neurons from the Down syndrome brain, Busciglio and Yankner identified a specific defect in the metabolism of oxygen in Down syndrome neurons. Because of the defect, these cells generate toxic levels of oxygen free radicals, causing cell death. When antioxidants, like vitamin E, were introduced to the cells in the laboratory, Busciglio and Yankner found that the Down syndrome neurons were rescued and survived to differentiate similarly to normal neurons.

Yankner hopes to eventually test antioxidants in animal models of Down syndrome. Altering the metabolism of oxygen in Down syndrome neurons may lead to therapeutic approaches for mental retardation in Down syndrome.

## Protein serves as prognostic marker for prostate cancer

Although many men are diagnosed with prostate cancer as they age, only in a minority of cases does the disease become life threatening. Current testing procedures have made it easier to identify men with prostate cancer, but there has not been a corresponding advance in predicting patients' prognoses. In the December 1996 issue of *Nature Medicine*, Bruce Zetter, Ph.D., research associate in Children's Surgical Research Laboratories, published results of a study that identified a new protein that may be useful in distinguishing aggressive prostate tumors from their less aggressive counterparts.

Zetter and his team found that thymosin β15, an actin-binding protein, is present in metastatic rat prostate cancer cells and causes the cells to move at a faster speed, a property associated with the ability of tumor cells to spread to other parts of the body. Extending their work to human tissues, the researchers found that thymosin β15 was also present in human prostate cancer specimens and was most abundant in the highest grade tumors that are most likely to metastasize, or spread.

Zetter believes that thymosin β15 may be an example of a new class of molecules that could indicate whether tumors are likely to metastasize. In prostate cancer, such prognostic markers may indicate which patients are candidates for aggressive therapeutic measures and which patients may benefit from extended observation and more cautious treatment.

## Cardiac surgery, brain injury examined

In June 1996, the Department of Cardiovascular Surgery added a developmental psychologist to its staff to follow the outcomes of children who have undergone cardiovascular surgery or other cardiac procedures, and to conduct comparative research. Karen McGough, M.A., research study coordinator, follows more than 50 children who have undergone open-heart surgery or minimally invasive catheterization to correct atrial septal defect, a congenital defect in which blood leaks between the upper chambers of the heart. Through a series of neuropsychological tests, including an IQ test, achievement tests in the areas of reading, math, and spelling, attention and memory tests, as well as tests for language, visual motor, and visual perception skills, McGough evaluates whether one therapeutic approach is preferable in enabling children to optimize their developmental potential. Clinical research on the effects of other corrective procedures is being planned.

This effort is the result of collaborative laboratory research among the departments of Cardiovascular Surgery, Cardiology, and Neurology that has examined the effects of the heart-lung machine, extremely low temperatures to allow low blood flow, and varying blood flow rates—all techniques used during heart surgery—on the brain. In early 1996, the departments jointly published their work in *Brain Injury and Pediatric Cardiac Surgery*. Richard A. Jonas, M.D., cardiovascular surgeon-in-chief, Jane W. Newburger, M.D., M.P.H., associate cardiologist-in-chief, and Joseph J. Volpe, M.D., neurologist-in-chief, co-edited the book.

## Quest for a Cure

Judah Folkman, M.D., has dedicated the last 30 years of his career to developing a new field of research that offers hope for treating cancer. Originator of the idea that angiogenesis, the formation of new blood vessels, causes tumors to grow, Folkman has advanced his theory patiently and persistently. As head of Children's Surgical Research Laboratories, Folkman mentors a team of more than 80 researchers who are pursuing a cure for some of man's most unremitting illnesses. His laboratory has produced several angiogenesis inhibitors that have been shown to be effective in controlling tumor growth, and continues to report milestone discoveries in the field.

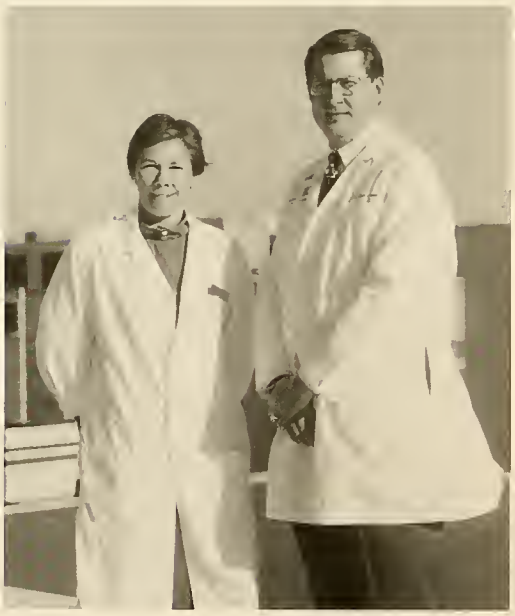
Recognized for his pioneering work, Folkman received the 1996 Ernst Schering Prize in November. The prestigious international prize is given to one recipient each year for exceptional research in basic natural sciences. The Ernst Schering Prize is presented by the Ernst Schering Research Foundation, a nonprofit organization established in 1991 by Schering A.G., Germany, a 125-year-old international research company engaged in the discovery, development, manufacturing, and marketing of pharmaceutical and health care products. The foundation promotes exceptional basic research in the natural sciences and medicine.

*Researchers, from left, Robert J. D'Amato, M.D., Ph.D., Michael S. O'Reilly, M.D., and Donald Ingber, M.D., Ph.D., have all developed angiogenesis inhibitors in collaboration with Judah Folkman, M.D.*

# Institutional Highlights

## Trauma Center recognized by American College of Surgeons

Children's Hospital was verified as a Regional Pediatric Trauma Center by the American College of Surgeons (ACS) in September 1996. This designation recognizes Children's expertise in managing any acute injury to a child. ACS verification also distinguishes Children's from other hospitals that may be named trauma centers with a pediatric component. These hospitals can accept pediatric trauma cases, but may not have pediatric specialists available 24 hours a day as Children's does. Clinical departments and hospital administration collaborated closely during the two-year verification process, which was spearheaded by Dennis P. Lund, M.D., senior associate in Surgery and director of the Trauma Program, and Carole Atkinson, M.S., R.N.C., trauma nurse coordinator.



*Carole Atkinson, M.S., R.N.C., and Dennis P. Lund, M.D., on the helipad at Brigham and Women's Hospital, from where pediatric trauma patients are transported to Children's*

One of fewer than a dozen ACS-verified pediatric trauma centers nationwide, Children's is the only such center in Massachusetts. It is also one of the busiest trauma programs in the country, caring for nearly 12,000 trauma patients and recording more than 1,000 hospital admissions annually.

Children's Trauma Program has seen an improvement in timely and efficient transport of trauma patients with the addition in the spring of 1995 of a helipad at Brigham and Women's Hospital, which is attached to Children's by an enclosed connector. Children's also joined Boston MedFlight, a critical care air transport service for New England, in July 1996. Through the MedFlight–Children's affiliation, greater numbers of trauma patients are being directed to Children's Trauma Program.

## Boston Marathon runners raise support for Children's

One hundred people ran in the 100th Boston Marathon on April 15, 1996 in support of Children's Hospital. Employees, staff, families, and friends of Children's, the runners raised $170,000 to advance the hospital's mission of excellence in patient care, research, teaching, and community service. They ran the 26.2 miles alongside an estimated 37,000 runners from around the world.

In 1997, 100 runners will again support Children's, an official charity of the Boston Athletic Association, which sponsors the marathon. Proceeds benefit the WBZ–Children's Hospital Fund.

## Weiner honored for advocacy work

In October 1996, David S. Weiner, Children's president and chief executive officer, was the recipient of two awards presented for leadership in advancing the general health of Massachusetts residents. The Massachusetts Health Council, a private, nonprofit group representing more than 150 governmental agencies, consumer and advocacy groups, professional societies, and private corporations, honored Weiner for his leadership in child health and his commitment to ensuring access for all children to quality health care.

Weiner was also recognized by the NAACP Legal Defense and Educational Fund, which strives to promote equal opportunity and eliminate discrimination through litigation. He received the award for his leadership and commitment to developing alliances with community-based health care institutions in underserved neighborhoods.

## Children's establishes Office of International Affairs

Children's Hospital has long been the destination of choice for children with serious illnesses. During 1996, the hospital cared for children from more than 20 countries on both an inpatient and outpatient basis. To facilitate international patients' access to Children's medical care and support services, the hospital established the Office of International Affairs in 1996 under the direction of Angelo J. Eraklis, M.D., senior associate in Surgery.

Children's Office of International Affairs serves as a liaison both for families of international patients and for referring physicians and institutions from outside the United States. In addition to coordinating international patients' care, the Office of International Affairs helps to address the unique cultural and linguistic needs of international patients and their families by making arrangements for interpreter services, accommodations, and transportation. The office also works with families, referring institutions, and insurers to answer financial questions by outlining in advance the costs of care, from diagnosis to hospitalization to outpatient treatment.

*Many families from around the world seek treatment for their children at Children's Hospital. The hospital's International Program supports these families in managing cultural and linguistic barriers.*

*First Lady Hillary Rodham Clinton made her second visit to Children's in January 1996.*

## First Lady visits hospital

On Jan. 20, 1996, First Lady Hillary Rodham Clinton visited Children's Hospital. The First Lady met with patient families to talk about the challenges of caring for children who have insufficient health care coverage or none at all—especially those children with chronic illnesses or other diseases that require long-term care.

Mrs. Clinton's visit was made in conjunction with a tour to introduce her book, *It Takes a Village and Other Lessons Children Teach Us*. Proceeds of $29,000 from local book sales have benefited Children's.

## AWAKE celebrates 10th anniversary

In 1996, Children's celebrated the 10th anniversary of AWAKE (Advocacy for Women and Kids in Emergencies), a program providing services and support for battered mothers and their children. Founded on the premise that often the best way to protect abused children is to protect their mothers as well, AWAKE was the first program in the country to provide advocacy for women and children in a pediatric setting, and has become a national model. Children's held a day-long symposium for

*At the conference commemorating the 10th anniversary of AWAKE, a community resource panel included, from left, Nalina Narain, of the Massachusetts Coalition of Battered Women Service Groups; Kristen Long, of the Elizabeth Stone House, a women's shelter and assistance program; Chuck Turner, of EMERGE, an intervention program for batterers; and Sgt. Gladys Gaines, of the Boston Police Department.*

the hospital community in October to mark the program's accomplishments.

Because AWAKE has built alliances with the Department of Social Services, numerous legal services, private attorneys, battered women's shelters, police, and court personnel, AWAKE advocates can readily help women access the services they need to increase both their safety and their children's. AWAKE has also implemented training programs for Children's staff to recognize the signs of domestic violence in patient families and to work with AWAKE staff to enable mothers and children to get appropriate help.

## Children's, Boston Medical Center launch joint training program

On July 1, 1996, Children's Hospital and Boston Medical Center (BMC) launched the nation's first residency training program between hospitals with separate medical school faculties. The Boston Combined Residency Program in Pediatrics (BCRP) is designed to prepare today's care givers for the rapidly changing health care systems in Massachusetts and throughout the country.

The program is the culmination of two years of planning by Frederick H. Lovejoy Jr., M.D., Children's associate physician-in-chief, and Robert J. Vinci, M.D., vice chairman of BMC's Department of Pediatrics and director of its Emergency Department, along with a large team of Harvard Medical School and Boston University faculty and trainees from both institutions. The BCRP offers two tracks. The Primary Care Track focuses on primary, preventive, and continuity care. The training, much of which takes place in the neighborhood health centers affiliated with BMC, emphasizes developmental and behavioral pediatrics, the multidisciplinary care needs of children with chronic illnesses, preventive pediatric care, and advocacy strategies for families at risk due to poverty or chronic illness. The Categorical Track, which is designed to prepare house staff for academic careers as well as pediatric practice, emphasizes experience in Children's primary care and specialty ambulatory clinics, Emergency Services, and numerous inpatient general pediatrics and specialty services. In both tracks, residents train at Children's and BMC, as well as at Brigham and Women's Hospital and Columbia MetroWest Medical Center in Framingham, Mass. Twenty-seven interns are enrolled in the Categorical Track and ten in the Primary Care Track.

## Children's launches World Wide Web site

To provide physicians, researchers, families, job seekers, and others with access to information about the hospital, Children's launched a World Wide Web site (http://www.childrenshospital.org) in September 1996. The site features information of interest to a broad audience, such as a listing of departments, divisions, and programs; information specific to clinical areas that describes facilities and staff, patient care services, and research and training efforts; directions to the hospital; and guidelines on how to make a charitable gift to Children's.

Children's also implemented an intranet for hospital staff and employees, which uses Web technology to provide information relevant to hospital life, including schedules of events, information about services offered by hospital departments, and on-line references, including catalogs of supplies. The site also contains information that assists in patient care delivery, such as clinical practice guidelines.

## Identification system promotes safety

In an effort to provide a safe environment for patients, families, and staff, Children's implemented a parent/visitor identification (ID) system in March 1996. The hospital requires parents, guardians, and visitors to wear ID badges at all times while on the inpatient units. Parent and guardian ID cards are

issued at the time of a patient's admission and are lined with magnetic strips that encode information to help the Security Department monitor access electronically and deactivate cards at discharge. Visitors are issued stickers valid for the day of their visit. The new system has helped to enforce visiting hours, which are from noon to 8 p.m.

Also aiming to regulate foot traffic after-hours, Children's began limiting access to unmonitored entrances in November 1996. After hours, on weekends, and during holidays, access is restricted to all entrances except to Emergency Services and the Main Entrance.

### Outreach worker facilitates Medicaid enrollment

In December 1995, Children's began participating in a new community outreach program that facilitates enrollment in Medicaid for eligible families. Under this program, the hospital hosts an on-site Medicaid outreach worker once a week who trains Children's staff to enroll families in Medicaid and reviews applications to expedite processing. The new program reinforces Children's commitment to remaining accessible to all children and to helping families receive appropriate coverage for the care their children need.

To qualify as a site for the Medicaid-sponsored program, which has just 28 outreach workers available for all of Massachusetts, Children's underwent a competitive application process and became one of the first sites in the state to host the program.

### New program speeds registration

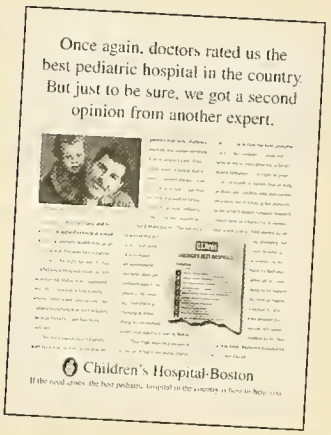
In August 1996, Children's Hospital initiated a new program to help expedite the registration process for patients who require frequent outpatient care. Children's Express Registration Program staff speed registration by assisting families in verifying insurance information and referral numbers in advance of each patient visit rather than at the point of registration. Staff also identify families or young adult patients without insurance and help to arrange financing alternatives prior to their visits.

Patient families who have had six or more appointments during a six-month period and have other visits scheduled are eligible to participate in the Express Registration Program. As of December 1996, more than 2,000 families were enrolled, and plans are under way to expand the program to all outpatients, following pilot programs in some specialty clinic areas.

## A Center of Excellence

In 1996, Children's Hospital was named the best pediatric hospital in the nation by an annual survey published in the Aug. 12 issue of *U.S. News & World Report*. Children's has received this number-one ranking for each of the seven years the magazine has conducted the survey among physicians across the country.

For parents like David Brenner, of Jamaica Plain, Mass., having Children's Hospital in his own backyard is a blessing. Brenner brought his son Rubin at 2 months old to Children's with symptoms of a respiratory virus. In a few days, Rubin was back home, breathing easier. Another qualified judge of the care and services Children's provides, Brenner and Rubin, now 2, appeared in an ad that ran in local and regional newspapers announcing the hospital's top ranking. For Children's staff, a parent's high approval is as important a rating as any.


Once again, doctors rated us the best pediatric hospital in the country. But just to be sure, we got a second opinion from another expert.

Children's Hospital Boston

*David Brenner with his son Rubin, 2*

*Children's Hospital's renovated lobby features many playful elements appreciated by children and adults.*

## Hospital undertakes renovation projects

In 1996, the hospital initiated a five-month project to renovate the Main Lobby. The lobby now features a wild kingdom theme, including a mural of a jungle scene, a motorized giraffe that watches over the Main Reception and Information Desk, two 500-gallon fish tanks, and new animal sculptures. Plans for additional interactive displays are being developed. The 6,000 square feet of space in the former Lobby Garden was redesigned for retail use. CVS, Au Bon Pain, and a Museum of Science gift shop are now housed in that area.

To provide an improved physical environment and more efficient utilization of space, both the Fegan and Pavilion lobbies also underwent redesign and renovation during 1996. The redesigned space allows the two areas to accommodate new patient-related services and programs, including Outpatient Registration, the Office of International Affairs, and Outpatient Finance in the Pavilion Lobby; Night Train Pediatrics and Children's Express Registration Program are now in the Fegan Lobby.

A refurbishment of the inpatient units also took place, with new linoleum, fresh paint, and wall borders now brightening patient rooms, hallways, and nurses stations. A coordinated effort between staff from Facility Planning and Space Management, Project Management, and the Department of Nursing enabled completion of the project with minimal disruption to patients and families.

Other major projects completed in 1996 include a complete renovation of the Department of Medicine offices on Hunnewell 3 and construction of a new suite of offices for the Department of Surgery on Hunnewell 3 that now provides direct access to the outpatient surgery clinics on Fegan 3.

## Cafeteria gets new services, new look

With the arrival of Sodhexo USA, Inc., to manage Children's Department of Nutrition and Food Service, the Main Cafeteria and Sideline underwent renovations and added new menu items in the spring of 1996. New menu offerings in the cafeteria, now called the Café at Children's, give patients, families, and staff a wide range of options, including a full-service deli, a salad bar, and a variety of ready-made sandwiches and salads. The new decor of the Sideline, renamed the Longwood Diner, reflects a 1950s diner motif, including a pink and gray color scheme, neon lights, and chrome details.

Under new management, Nutrition and Food Service also launched a room service program for the inpatient units and Emergency Services in December. Children's program is the first such service at any pediatric medical center in the country. Offering patients greater flexibility, menus are placed at each patient's bedside, and parents and patients can order food by calling the room service telephone line. They can choose from a variety of menu items that were carefully selected for their nutritional value and for their appeal to children and to patient families of diverse ethnic, cultural, and religious groups.

*Sylvia Mortenson, R.D., director of Nutrition and Food Service, executive chef Chris Walsh, center, and Jeff Scholes, manager for Patient Food Service, display a meal from the hospital's room service menu.*

The room service telephone line is answered by diet technicians, who refer directly to patients' diet plans to determine if meals ordered are appropriate or whether substitutions are needed. Diet techni-

cians also have clinical responsibilities and visit inpatient units to ensure patient satisfaction with meals, check on patients who miss meals, and consult with patients' nurses about nutrition issues.

### Welch leads extended care center

In April 1996, Hope Welch was named administrator of Children's Extended Care Center (CECC) in Groton, Mass. Marking its 15th anniversary last year, the CECC is a residential facility of Children's Hospital that offers comprehensive health care and educational services, including rehabilitative therapies, special education classes, and 24-hour nursing care, to children with multiple disabilities.

*Eva Bukouricz shares a playful moment with her daughter Kristen, 3, a resident at Children's Extended Care Center, which celebrated its 15th anniversary in 1996.*

For the last 10 years, Welch served as the CECC's director of Business and Operations, responsible for the facility's Business, Medical Records, Maintenance, and Housekeeping departments. In her new role, Welch will oversee all daily operations of the CECC, as well as a staff of 200 professionals in medicine, nursing, special education, nutrition, physical and occupational therapy, social services, and operations.

## IN MEMORIAM:

### Leonard W. Cronkhite Jr., M.D., 1919-1996

Leonard W. Cronkhite Jr., M.D., Children's president from 1962 to 1977, died July 20 at the age of 77. Cronkhite is remembered by many in Children's family as an exceptional hospital administrator, a caring leader, and a visionary who built programs and facilities that serve the hospital and its patients to this day.

As president, Cronkhite directed the construction of the Fegan Building, which still houses the hospital's ambulatory programs, and the building of the Blackfan Garage and the neighboring Best Western–Inn at Children's, which were both much-needed facilities at a time when parents were being encouraged to become more involved in the care of their hospitalized children. At Children's, Cronkhite also initiated the implementation of the first computerized system for appointment scheduling in the nation and won federal support for the construction of the John F. Enders Pediatric Research Laboratories. The Enders laboratories have since established Children's as the largest pediatric research center in the world.

Before he was recruited by Children's Board of Trustees, Cronkhite had a rich and varied career. A U.S. Army colonel by age 27, he served in World War II as a military intelligence officer. After graduating from Harvard Medical School in 1950, Cronkhite became an instructor in Medicine and lecturer in Preventive Medicine there and served as a member of the Department of Medicine at Massachusetts General Hospital. Before coming to Children's in 1962, he was also an industrial physician, an organizer of early medical care groups and health plans, and a successful entrepreneur.

### Donald Farwell, Ph.D., 1947-1996

Donald Farwell, Ph.D., administrator for the Department of Laboratory Medicine, died on Sept. 19. He was 49.

Since he came to Children's in 1989, Farwell was responsible for all administrative and regulatory issues for the Department of Laboratory Medicine. He supervised a staff of 150 in conducting anticipated and emergency diagnostic testing for Children's patients. Nationally recognized as a laboratory administrator, Farwell was often invited to speak about laboratory management and was published in the *Clinical Laboratory Management Review*.

In 1977, Farwell received his doctorate in Biochemistry from the University of New Hampshire in Durham and was a postdoctoral fellow in Molecular Biology at the Institute for Medical Research in Camden, N.J. For seven years before coming to Children's, he served as director of Clinical Laboratories at the former Brookline Hospital.

# System News

## Children's reaffirms strategic direction

In April 1996, Children's Board of Trustees reaffirmed the institutional strategy to build an independent health care system. Consensus among the board, medical staff leadership, and hospital administration determined that in order to preserve the greatest access to health services for pediatric patients, Children's should remain committed to developing a system of care focused exclusively on the needs of children.

To this end, Children's has maintained and is developing affiliations and relationships with multiple providers, including primary and specialty care providers throughout the region, neighborhood health centers in Boston, and community hospitals, as well as with several insurers and health maintenance organizations.

## Vice President for Strategic Planning and Business Development appointed

*Steven C. Marsh*

In September 1996, Steven C. Marsh, director of Real Estate and Facilities at Children's, was appointed vice president for Strategic Planning and Business Development. In the newly created position, Marsh is facilitating the process among physicians and hospital administrators to develop strategic planning initiatives for the hospital and its patient care programs.

Marsh joined Children's in 1986 as manager of Real Estate from the Boston office of Coopers & Lybrand, where he was a certified public accountant. In 1987, he became director of Real Estate Development, a position he held until 1995, when he became director of Real Estate and Facilities. In this position, Marsh was responsible for planning and marketing Children's Medical Center's real estate, overseeing facility planning for the hospital's 1.8 million-square-foot campus, and managing capital budgeting. He continues to oversee these areas.

## Children's primary care network unfolds

As part of Children's strategic goal to develop a network of care that ensures children and their families receive high-quality pediatric services, Children's Community Physicians, Inc. (CCPI), was established in April 1996. Created to build and manage affiliations between pediatric practices in the community and the hospital, CCPI is the community-based, primary care arm of Children's developing system of pediatric health care.

CCPI also serves as a support system to its member pediatricians and practices by assisting them in areas of practice management and administrative issues relating to the business of medicine. CCPI provides support to its practices in upgrading billing and purchasing systems; establishing continuous quality improvement efforts; enhancing health education efforts; and developing management information and communications systems. Leading the development and growth of CCPI is Deborah C. Jackson, vice president for Network Development and Community Services and CCPI president.

## Lexington Pediatrics joins network

In August 1996, Lexington Pediatrics, a primary care practice that has been providing pediatric and adolescent services to families in Lexington, Mass., and the surrounding communities for 25 years, joined Children's Community Physicians, Inc. (CCPI), the primary care network affiliated with Children's Hospital.

Comprised of six pediatricians and two pediatric nurse practitioners, Lexington Pediatrics has long had close ties with Children's. Lexington providers have served on hospital committees, participated in house staff and medical student education, served

as attending physicians on Children's medical inpatient services, and been involved in the development and activities of Children's specialty medical care center in Lexington.

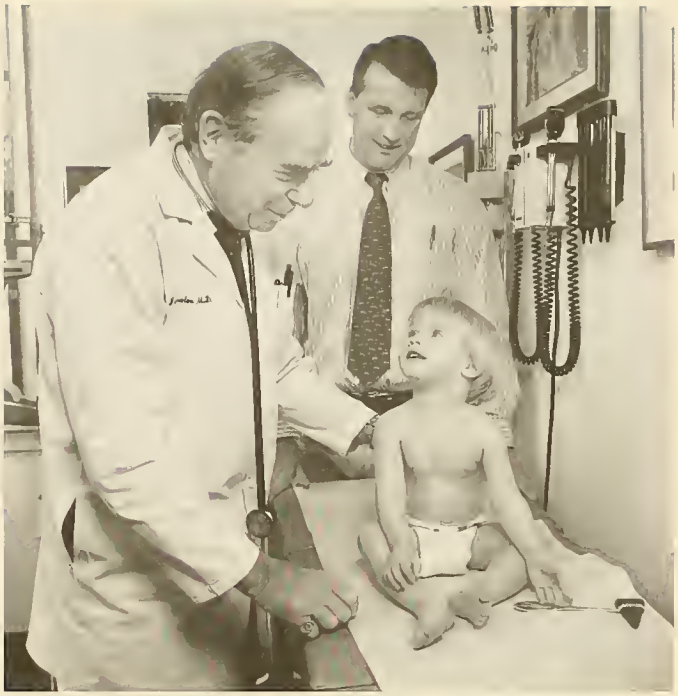
Members of Lexington Pediatrics include Julian L. Pearlman, M.D.; Martin K. White, M.D.; Daniel I. Palant, M.D.; Wendy L. Wornham, M.D.; Julie B. Dollinger, M.D.; Donna J. Caliguri, M.D.; Cynthia A. Carpenter, R.N., P.N.P.; Jeanne A. Ceglarski, R.N., P.N.P.; and Jane Steinberg, administrator.

### Children's forms new services model

In July 1996, Children's Hospital, its Physicians' Organization (PO), and a group of pediatric practices under the auspices of Affiliated Pediatric Practices (APP) signed an agreement with Tufts Health Plan to form a new pediatric provider unit. The first of its kind for Tufts, which represents 15 percent of the state's managed care subscribers, the agreement outlines a collaborative care model in which community-based physicians and Children's specialists co-manage care for Tufts pediatric patients. This arrangement allows the hospital, primary care providers, and Tufts to work together to provide high-quality, cost-effective pediatric services.

As part of the agreement, the PO, which represents nearly 800 Children's medical staff, and APP, which represents more than 30 community pediatricians, have created an Independent Practice Association (IPA). A partnership of health care providers, the IPA cares for all pediatric patients' primary care and tertiary health care needs, develops quality of care measurements, and shares financial risk.

Members of APP include physicians from Centre Pediatrics in Brookline, Hyde Park Pediatrics, Longwood Pediatrics in Boston, Mandell/Seagle Pediatrics in Chestnut Hill, Pediatric Associates of Norwood and Franklin, Pediatric Healthcare in Brockton, and Weston Pediatric Physicians.



*Elizabeth McNamara, 2, of Lexington, Mass., comes for a visit with her primary care physician Julian L. Pearlman, M.D. Her father Robert looks on.*

While many medical centers are merging, Children's Hospital remains independent, determined to keep children at the center of the institution's mission. Children's wants to provide all families with the assurance that they can access care for their children. To this end, in 1996, Children's began building a network of primary care physicians affiliated with the hospital, including Julian L. Pearlman, M.D., and his practice, Lexington Pediatrics.

Such affiliations are making a world of difference to families like the McNamaras. Their youngest daughter, Elizabeth, was admitted to Children's as a newborn. With complications from meconium aspiration—when a newborn has swallowed amniotic fluid and fetal waste *in utero*—Elizabeth needed full life support on a machine called ECMO (extracorporeal membrane oxygenation). For 72 hours, ECMO did the work of her heart and lungs, and with Children's nursing and medical staff at her bedside, Elizabeth gradually recovered and has grown to become a healthy 2 year old. Two generations of McNamaras have been cared for at Lexington Pediatrics, and the family rests easier knowing that they have both top-quality primary care providers and access to specialists at Children's when the need arises.

### Physicians' Organization hires director

Children's Physicians' Organization (PO) appointed Irene Paresky, M.B.A., as its executive director in April 1996. As former director of Professional Contracts at Harvard Community Health Plan, Paresky has extensive experience in analyzing and negotiating managed care contracts, determining medical reimbursement rates and fees, and managing physician services. She manages the PO, which represents more than 800 physicians and affiliated practitioners at Children's, as it continues to play a central role in the development of Children's pediatric health care delivery system, and in the creation of new models of cost-effective, high-quality care delivery. Founded in 1995, the PO also negotiates with payors and other health care systems.

### CCPI offers after-hours triage service

Last year, Children's began offering after-hours telephone coverage to subscribing pediatricians and family practitioners through Night Train Pediatrics. The service was founded in 1995 by four physicians affiliated with Newton-Wellesley Hospital and was acquired by Children's in April 1996. Staffed by experienced pediatric registered nurses, Night Train supports pediatricians and family practitioners in the care of their pediatric patients after office hours, on weekends, and on major holidays. Night Train is a service of Children's Community Physicians, Inc. (CCPI), the network of primary care physicians associated with Children's, and serves more than 230 pediatricians and family practitioner subscribers.

*Hanna Sherman, M.D., left, and Holly R. Brown, R.N., clinical coordinator for Night Train Pediatrics, review a patient case called in to Children's after-hours triage service.*

Using computer-based clinical protocols, Night Train nurses guide parents in relating their children's symptoms and develop assessment and treatment plans. A Night Train-affiliated physician is always on call for the nurses to consult if necessary, and every morning a physician reviews cases from the previous night. Under the leadership of Hanna Sherman, M.D., Night Train's medical director and one of its founders, the service benefits both physicians and parents by ensuring that their patients and children are receiving quality care 24 hours a day.

### Children's offers primary care in Chelsea

In May 1996, Children's opened a pediatric and adolescent primary care practice at Children's Medical Care North in Chelsea, Mass., an area identified as underserved in pediatric primary care. The state-of-the-art outpatient medical care center is a partnership between Children's and Beth Israel Deaconess Medical Center, which provides adult care at the Chelsea center. Families who live in Chelsea and surrounding communities now have convenient access to the high-quality, personalized care for which both institutions are known. Children's and Beth Israel Deaconess Medical Center also jointly provide services at a medical care center in Lexington, Mass., which opened in 1993.

The first pediatrician to provide services at Children's Medical Care North was William Glazier, M.D., who relocated his practice from Winthrop, Mass., to Chelsea when the center opened. He is joined by Ariane May, M.D., M.P.H., who was a staff

*Ariane May, M.D., M.P.H., and William Glazier, M.D., provide primary care at Children's Medical Care North in Chelsea, Mass.*

physician at Boston Medical Center for six years, and Amy Arnett, M.D., who joined the center as a part-time staff member and also works as an assistant in Medicine (Emergency Medicine) at Children's. All three are members of Children's Community Physicians, Inc., the primary care network affiliated with Children's.

## Children's, Winchester Hospital associate

Children's and Winchester hospitals signed an agreement in October 1996 to develop a joint program at Winchester that provides in-house coverage by Children's staff for inpatient and urgent pediatric care 24 hours a day. The collaboration, which began in February 1997, brings Children's expertise to the Winchester community and its environs, while expanding Children's services to Greater Boston communities. The agreement was built on a long-standing relationship between the two institutions: Children's attending neonatologists have staffed the Special Care Nursery at Winchester Hospital since 1988. The new pediatric program enhances patient care as well as family and physician convenience by allowing patients and families, who were previously referred to Boston's downtown teaching hospitals for certain diagnoses, to receive care locally at Winchester Hospital.

Karen D. Gruskin, M.D., assistant in Medicine (Emergency Medicine) at Children's, is the medical director of the In-house Pediatrics Program at Winchester. Gruskin and other on-site Children's physicians round on Winchester's 18-bed pediatric inpatient unit, provide consultation to patients' primary care physicians, and collaborate with staff in Winchester's Emergency Department.

*David S. Weiner, Children's president and chief executive officer, left, Karen D. Gruskin, M.D., and Stephen Laverty, president and chief executive officer of Winchester Hospital, at the ribbon-cutting ceremony to announce the joint pediatric program at Winchester Hospital*

# Community News

## Martha Eliot commemorates 30th anniversary, opens new facility

Operated by Children's Hospital, Martha Eliot Health Center, located in the Bromley-Health housing development in Jamaica Plain, Mass., was opened in 1966. During 1996, special events commemorated the center's 30 years of providing comprehensive, family-centered primary health care and specialty services for children, adolescents, and adults. In September, the center also opened the doors to a new state-of-the-art facility.

The new center, designed to meet the growing health and social needs of the residents of Bromley-Heath, Jamaica Plain, and Roxbury, offers larger clinical areas, a separate adolescent clinic, and adjacent pediatric and maternal health clinical areas. It also includes space for the many outreach and social services provided at Martha Eliot. On Sept. 21, a community celebration for hundreds of local residents marked the opening of the new center. Attended by Boston Mayor Thomas Menino and other city officials, the day included a speaking program, cake-cutting ceremony, tours of the new center, refreshments, live music, and family activities, including face painting and a teddy bear clinic. The Mildred C. Hailey Vision Center was also named for the longtime executive director of the Bromley-Heath Tenant Management Corporation and vice-chair of the Martha Eliot Community Advisory Board for her many years of community service and involvement with the health center.

To mark the center's 30th anniversary, a gala celebration was held at the Museum of Fine Arts on Nov. 16. Nearly 200 Martha Eliot and Children's staff came together with civic and community leaders for an evening of dinner, dancing, and strolling in the museum's galleries. Special recognition went to Milton E. Cole, longtime chair and now standing member of the center's Community Advisory Board; Rudman J. Ham, Children's former vice president for Operations; and Karen B. Darcy, M.S.N., R.N., associate director of Martha Eliot, who has provided clinical and administrative leadership for 12 years. Their influence, dedication, and consistent leadership was recognized as instrumental in planning for the new center. The Martha Mae Eliot Award was presented to Julius Coles, D.M.D., director of Dentistry at Martha Eliot. Founder of a program to provide regular dental care to local school children, Coles has been a staff member at Martha Eliot for more than two decades.

*Joseph M. Carrillo, M.D., left, Nader Acevedo, a member of the Martha Eliot Health Center Community Advisory Board, right, and his wife Blanca enjoy the gala to celebrate Martha Eliot's 30th anniversary.*

## Hospital staff, volunteers rally for children's health services

In July 1996, Children's helped to sponsor the Stand for Children's Health rally, a grass roots event at the Massachusetts State House that brought together more than 1,000 people to call for a greater commitment to the state's children. Organized by the nonprofit, advocacy groups Massachusetts Campaign for Children and Health Care For All, the event followed the national Stand for Children rally held in Washington, D.C., in June, which Children's also helped sponsor.

The event began with a festival on Boston Common, including activities for children and entertainment, followed by a parade of children to the State House. The keynote speaker at the rally was Marian Wright Edelman, founder and president of the Children's Defense Fund. During the speaking program, Eileen M. Sporing, M.S.N., R.N., Children's vice president for Patient Services, presented an award on behalf of the Children's Health Access Coalition, of which Children's is a founding member, to State Rep. John McDonough in recognition of his long-standing commitment to child health issues. McDonough, former House of Representatives chair of the Joint Committee on

Health Care, sponsored a health care reform bill, passed into law in 1996, which provides coverage for uninsured children through a 25-cent tax increase on cigarettes.

### Hospital partners with Suffolk County

In June 1996, Children's contributed $50,000 to help establish the Suffolk County Child Advocacy Center. Since 1993, members of Children's Child Protection Team have been collaborating with Suffolk County District Attorney Ralph C. Martin II, who became a member of Children's Board of Trustees in January 1996, and members of his staff to open the center. Dedicated to providing multidisciplinary support to children who are victims of abuse or witnesses to violence, the center, which is scheduled to open in the summer of 1997, will provide services for victims and their families all under one roof. Services available to children at the center will include medical examinations and evaluations, mental health evaluations, victim witness advocacy and support services, and comprehensive case tracking to ensure that cases are handled promptly and appropriate referrals are made.

Eli H. Newberger, M.D., senior associate in Medicine (General Pediatrics), director of the Family Development Program, and medical director of the

*Children's staff and employees joined hundreds of people at the Stand for Children's Health rally held at the State House.*

## Dedicated to Community Services

*Mildred Hailey and Joseph M. Carillo, M.D., at the new Martha Eliot Health Center*

Caring for the community is central to Children's mission. Celebrating its 30th anniversary and the construction of a brand-new facility in 1996, Martha Eliot Health Center has long been the cornerstone of Children's community programs, caring for pediatric, adolescent, and adult patients in the Jamaica Plain and Roxbury communities. Also home to an array of social services and public health education programs designed to meet the needs of its multicultural patient base, Martha Eliot has become a center of activity for neighborhood families.

By partnering with community leaders, Children's realized the opening of the new health center in September, which stands alongside a new Stop & Shop supermarket. "Children's has made a significant investment in this neighborhood and its people," says Mildred Hailey, executive director of the Bromley-Heath Tenant Management Corporation in Jamaica Plain, Mass., and vice-chair of the Martha Eliot Health Center Community Advisory Board. "The new facilities contribute to a revitalization of our community."

Child Protection Team; Betty Singer, L.I.C.S.W., chairman of the Child Protection Team; and Andrea M. Vandeven, M.D., assistant in Medicine (General Pediatrics), have been members of the center's Advisory Board throughout the planning process and continue to remain active on the board. In addition to consulting support, Children's will support the services of a physician, a psychologist, and social workers at the center.

*City Year corps members are fulfilling volunteer service commitments at Children's.*

### Hospital welcomes City Year volunteers

In November 1996, a team of 10 City Year corps members, managed by the Office of Community Benefits, arrived at Children's to begin a seven-month community service rotation at the hospital and Martha Eliot Health Center. City Year is a national service organization made up of young adults, ages 17 to 23, from diverse racial, cultural, and socioeconomic backgrounds. These young people choose to devote a year to full-time community service and leadership development.

In collaboration with Volunteer Services, the Office of Community Benefits assigns City Year corps members to several outpatient areas, including Pediatric Health Associates, several specialty ambulatory clinics, and Children's Child Care Center. At Martha Eliot, they work in Pediatrics, Women's Health, and Human Services. Corps members spend time with children in waiting areas and engage them in activities to relieve boredom and anxiety. They also work in the Office of Community Benefits on subcommittees devoted to violence prevention and youth development, substance abuse and HIV/AIDS prevention, and injury prevention.

### Program links Children's Hospital to Boston community health centers

As part of the hospital's ongoing efforts to strengthen communication ties with referring physicians, the Children's Hospital Inpatient Liaison Development (CHILD) Program was launched in June 1996 under the direction of Ronald Samuels, M.D., M.P.H., assistant in Medicine (General Pediatrics). This program offers health center providers the opportunity to obtain daily updates from an automated voice mailbox system about their patients admitted to Children's general medical inpatient units.

Every day, updated progress reports are logged by Children's attending physicians. Using a code for their health center and an individual password, primary care providers can retrieve patient information 24 hours a day. The service ensures that primary care providers are well informed about their patients' progress in the hospital before patients are discharged back to their care. Twelve community health centers in Greater Boston are registered with the CHILD Program voice mailbox system.

### Boston teaching hospitals implement domestic violence prevention plans

In June 1996, the chief executive officers of Boston's major teaching hospitals and academic medical centers, who make up the Conference of Boston Teaching Hospitals (COBTH), collectively agreed to make domestic violence a health care priority. The decision came after a year-long study by the COBTH Domestic Violence Task Force, chaired by Children's President and Chief Executive Officer

*Mickie Simms, B.S.N., R.N., nurse educator for Children's Young Parents Program, left, leads weekly parenting workshops for teenage mothers, including Gloria Quiccno, of East Boston, shown with her son Steven, 2.*

David S. Weiner. *The Domestic Violence Task Force Report and Recommendations* includes a plan of action to increase awareness of the growing epidemic of domestic violence and to enhance the capacity of teaching hospitals and their staffs to identify and treat victims and refer them to other services.

Each of the 14 COBTH members has formed a team to coordinate the implementation of the recommendations at his or her hospital. Children's Family Violence Working Group, reporting to Eileen M. Sporing, M.S.N., R.N., vice president for Patient Services, is reviewing the COBTH recommendations and overseeing their implementation.

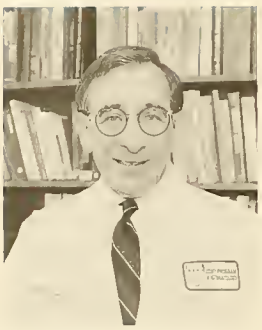
## Parenting Project gives supportive start

Child care, health care, the costs of raising a child, and other challenging issues face all parents, but they can be particularly stressful for parents who are adolescents. The Parenting Project, initiated in the fall of 1995 by Children's Young Parents Program (YPP), has been successful in its first year in providing peer support, health and parenting education, and social services to help those up to age 18 adjust to becoming parents.

Participating parents, referred by YPP or Brigham and Women's Hospital's Adolescent Reproductive Health Service, attend weekly sessions during the 10-week program to discuss topics such as nurturing children, child development, relationships, sexually transmitted diseases, and contraception. The program, funded through a grant from the U.S. Department of Health and Human Services, provides participants with dinner, child care, and transportation to and from meetings. In this supportive yet structured environment, young mothers are able to discuss their concerns and learn how to handle the challenges that come with parenting. Specialized services provided by a male outreach worker and social worker are also available for teen fathers.

# Medical Staff News

## Bernfield elected to Institute of Medicine



*Merton Bernfield, M.D.*

Merton Bernfield, M.D., chief of the Division of Newborn Medicine, was named to the Institute of Medicine of the National Academy of Sciences (NAS) in October 1996. The Institute of Medicine was founded by the NAS in 1970 to provide a forum for the nation's leaders in health, medicine, and other related fields to address public health policy. Election to the NAS and its Institute of Medicine is one of the highest honors that can be accorded an American physician.

In addition to heading the Division of Newborn Medicine at Children's, Bernfield directs the Joint Program in Neonatology, the division of Harvard Medical School (HMS) responsible for clinical care, residency training, and research in newborn medicine at Children's, Beth Israel Deaconess, and Brigham and Women's hospitals. Bernfield is the Clement A. Smith Professor of Pediatrics and Professor of Cell Biology at HMS. He is known internationally for his studies of how organs take shape during embryonic development, which have led to a greater understanding of the causes of birth defects.

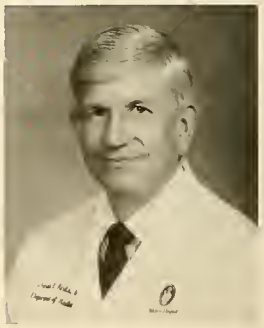
## Healy leads local College of Surgeons

Gerald B. Healy, M.D., surgeon-in-chief for clinical affairs and otolaryngologist-in-chief, was named president-elect of the Massachusetts Chapter of the American College of Surgeons in January 1996, and is serving as president during 1997. Founded in 1913, the educational and scientific organization was established to raise the standards of surgical practice and improve care for surgical patients.

Healy has been a member of Children's medical staff since 1976, and has served as chief of the Department of Otolaryngology and Communication Disorders since 1979. Additionally, he is a member of Children's Board of Trustees and has chaired the hospital's Medical Staff Executive Committee for the past six years.

## Kirks elected to lead RSNA

In December 1996, Donald R. Kirks, M.D., radiologist-in-chief, was elected to the Board of Directors of the Radiological Society of North America (RSNA). Kirks will fulfill a six-year term on the Board of Directors, first as secretary-treasurer and then as chairman. In 2004, he will serve as president, becoming the first pediatric radiologist to fill that position at the RSNA.



*Donald R. Kirks, M.D.*

With a membership of over 30,000 radiologists, physicists, and allied scientists, the RSNA promotes and develops the highest standards of radiology and related sciences through education and research. Its annual meeting is currently the largest medical meeting in the world.

## Associate pathologist-in-chief named

*Douglas C. Anthony, M.D., Ph.D.*

Douglas C. Anthony, M.D., Ph.D., was appointed to the newly created position of associate pathologist-in-chief in December 1995. In his new role, Anthony oversees efforts in quality assurance and quality control, departmental budgets, and other administrative issues for the Department of Pathology. Anthony also serves on the Physicians' Organization's Board of Directors and coordinates Pathology's activities with those of

other Children's departments and Dana-Farber Cancer Institute.

In 1992, Anthony joined Children's Department of Pathology as director of Neuropathology. Before coming to Children's, he was a staff pathologist at Duke University Hospital and assistant professor of Pathology at the Duke University School of Medicine in Durham, N.C.

### McCormick earns national recognition

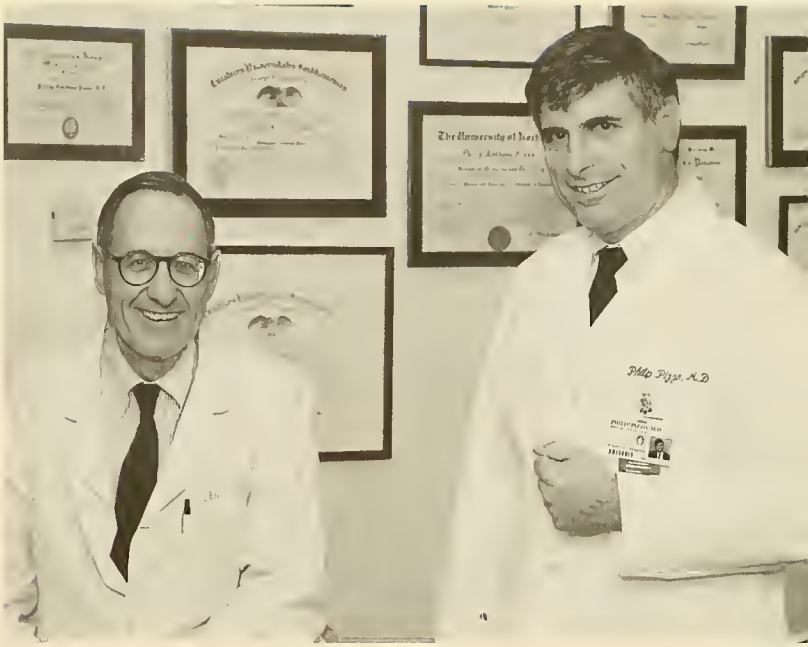
In May 1996, Marie C. McCormick, M.D., Sc.D., senior associate in Medicine (Newborn Medicine) and director of the Infant Follow-up Program, was recognized for her efforts on behalf of children with special medical and developmental needs. The Ambulatory Pediatric Association presented McCormick with the 1996 Research Award at the annual meeting of the Pediatric Academic Societies in Washington, D.C. The award recognized McCormick's research in the areas of outcomes of very premature infants and evaluation of programs that enhance the health and development of children.

### Platt honored as extraordinary educator

Orah S. Platt, M.D., senior associate in Medicine (Hematology/Oncology) and director of the Department of Laboratory Medicine, along with other select Harvard Medical School (HMS) faculty members, was honored with the school's annual Teaching Award in June 1996. Every year, HMS students and faculty nominate faculty members who have distinguished themselves as extraordinary educators and individuals.

A member of the faculty since 1973, Platt teaches Pathophysiology, a second-year hematology course at HMS for which she also received the 1984 Teaching Award.

## Leadership for a New Century



*Frederick H. Lovejoy Jr., M.D., left, and Philip A. Pizzo, M.D.*

A nationally recognized clinician and researcher, Philip A. Pizzo, M.D., joined Children's in July 1996 as physician-in-chief. Leaving his post as acting scientific director of the Division of Clinical Sciences and chief of Pediatrics at the National Cancer Institute, Pizzo has in some ways returned home. A Children's alumnus, Pizzo trained in Boston from 1970 to 1973 as a resident in the department he now leads. He comes to steer the Department of Medicine into the next century, placing an emphasis on expanding Children's reputation as the world's leading pediatric training center and a center of excellence for basic and clinical research. He is supported by Frederick H. Lovejoy Jr., M.D., associate physician-in-chief, who has been a member of Children's medical staff for 25 years and who served as interim physician-in-chief from October 1995 to July 1996.

## Department of Medicine hosts 10th physician appreciation day

In May 1996, Children's Department of Medicine and Department of Network Development co-sponsored the 10th anniversary seminar of Appreciation Day for New England Pediatricians: Advances in Pediatric Health Care. Currently, co-directed by Alan D. Woolf, M.D., M.P.H., associate in Medicine (General Pediatrics), and Philip A. Pizzo, M.D., physician-in-chief, the series of programs for community-based providers allows pediatricians and nurse practitioners to earn continuing medical education credits and features updates on pediatric health issues. The series represents an effort to strengthen ties with primary care providers.

## Berenberg recognized at Dana-Farber

In June 1996, the William Berenberg Distinguished Faculty Service Award was founded at Dana-Farber Cancer Institute to honor senior faculty members. The Berenberg award will be presented on a periodic basis by David G. Nathan, M.D., president and chief executive officer at Dana-Farber and former physician-in-chief at Children's.

William Berenberg, M.D., senior associate in Medicine at Children's, has served the hospital for 55 years. His skills as a clinician, diagnostician, researcher, and teacher led him to many leadership roles during his career at Children's. He served as associate physician-in-chief, chief of Inpatient Services, chief of Newborn Medicine, associate chief of Radiology, and chief of Oncology. Berenberg is also founder of the hospital's Services to Handicapped Children and the Cerebral Palsy Program. The William Berenberg Professorship in Pediatrics was established in 1990 at Children's and Harvard Medical School.

The first recipient of the William Berenberg Distinguished Faculty Service Award was Ruth Sager, Ph.D., chief of the Division of Cancer Genetics at Dana-Farber. Sager's basic and clinical research efforts are focused on understanding and treating breast cancer.

## Rockoff leads anesthesia society

Mark A. Rockoff, M.D., associate anesthesiologist-in-chief, became president of the Society for Pediatric Anesthesia (SPA) in October 1996. During his two-year term as president, Rockoff will lead the SPA in advancing the training, research, and clinical efforts of the field. Rockoff has served as a member of the SPA's executive board since 1990, most recently as vice president.

The largest organization in the world devoted to pediatric anesthesia, the SPA has nearly 4,000 members from more than 20 countries.

## Hendren elected to leadership roles in local, national surgical societies

In late 1996, W. Hardy Hendren, M.D., chief of the Department of Surgery, was named second vice president-elect of the American College of Surgeons (ACS) and president-elect of The Boston Surgical Society. Hendren is the first pediatric surgeon elected to serve in either role. His new role with the ACS will begin this October. He will assume the presidency of The Boston Surgical Society in January 1998.

Hendren has been a fellow of the ACS since 1963 and has served as president of the Massachusetts chapter, a member of the Board of Governors, and a member of the Advisory Council for Pediatric Surgery. The ACS, founded in 1913, has more than 62,000 members nationwide and abroad representing all surgical specialties. The Boston Surgical Society, which dates from 1914, is comprised of surgeons from throughout Southern New England.

Hendren has served in many leadership roles during his career, including as president of the New England Surgical Society in 1993 and before that as the 13th president of the American Pediatric Surgical Association.

## IN MEMORIAM:

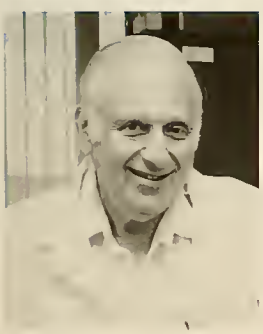
### Marilynn Haynie, M.D., 1953-1996

On July 2, Marilynn Haynie, M.D., assistant in Medicine (General Pediatrics) and clinical co-director of the Coordinated Care Service, died of cancer. She was 43.

From 1988, when she came to Children's as an intern in Medicine, Haynie dedicated her career to developing services and programs for children with complex medical problems and their families. As co-director of the Coordinated Care Service, she provided medical, social, and developmental services for children with disabling conditions and chronic diseases. She also served as pediatric coordinator for Project School Care, a program developed and based at Children's that is now a national model for providing consultation to educators, families, and school nurses about integrating children assisted by medical technology into school systems.

An endowed fund in Haynie's name was created by family and friends to benefit patient care, research, or training in support of services for multiply disabled children. Haynie was a graduate of Albert Einstein College of Medicine in New York.

### Paul M. Gallop, Ph.D., 1927-1996



Paul M. Gallop, Ph.D., director of the Laboratory of Human Biochemistry at Children's since 1982, passed away on Aug. 20. He was 68.

A Harvard University professor of Biological Chemistry in the Schools of Medicine and Dental Medicine from 1972, Gallop was widely known for his work on proteins, including collagen, elastin, hemoglobin, and osteocalcin. His research led to important clinical applications, including a widely used test of patients' long-term glycemic status for the diagnosis and therapeutic monitoring of diabetes. He and his colleagues at Children's also discovered osteocalcin, a protein with an essential role in the mineralization of bone; defects in this protein are associated with the development of osteoporosis and related diseases.

Gallop, who received his doctorate in biophysics from the Massachusetts Institute of Technology in 1953, began his career as a member of the faculty at the Albert Einstein College of Medicine in New York, where he served from 1957 to 1972.

### Keasley Welch, M.D., 1920-1996

Keasley Welch, M.D., neurosurgeon-in-chief at Children's from 1971 to 1987, passed away on Feb. 2 at the age of 75. Welch came to Harvard Medical School in 1971 as the Franc D. Ingraham Professor of Neurosurgery and later became chief of Neurosurgery at both Brigham and Women's and Children's hospitals. His clinical work focused on the surgical treatment of epilepsy, and his research on hydrocephalus, an abnormal accumulation of fluid in the brain's cavities, and cerebrospinal fluid physiology set standards for the field. In his honor, Children's Department of Neurosurgery established the Keasley Welch International Neurosurgical Fellowship in 1993.

# Nursing/Patient Services News

## Sporing receives nursing award

Eileen M. Sporing, M.S.N., R.N., vice president for Patient Services, was honored by the Massachusetts Organization of Nurse Executives (MONE) in June 1996 with the Mary B. Conceison Award for Excellence in Nursing Administration. The annual award is presented to the nurse executive who best exemplifies the high standards set by Mary B. Conceison, former director of Professional Relations at the Massachusetts Hospital Association.

*Eileen M. Sporing, M.S.N., R.N.*

Nominated for the award by David S. Weiner, Children's president and chief executive officer, Sporing is recognized as a leader in the nursing profession and served as president of MONE from 1994 to 1995. She has worked to foster the view that nurses are leaders in all aspects of health care, from policy development and legislative action to the management, provision, and evaluation of care. She has also been committed to instituting innovative, cost-effective models of care delivery that ensure high-quality care and preserve the nurse/patient relationship. Sporing has served as vice president for Patient Services since 1989.

## Parents teach family-centered care

For more than 30 years, Children's Hospital has welcomed parents as integral members of the health care team. This collaboration was taken a step further in February 1996 with the formation of the Family Faculty, a group of parents of Children's patients who have been chosen to share their personal perspectives on how families can best be supported during a child's hospitalization.

The Family Faculty has developed a curriculum for hospital staff that is based on the members' own experiences at Children's and stresses the fundamental principles of family-centered care. These principles, long espoused by Children's, include the recognition that parents have a central role in providing care for their children; the importance of a collaborative partnership between care givers and parents; the need to recognize and respect diversity among families; and the importance of supporting families in ways that recognize and respect their individual methods of coping. In describing their personal experiences at Children's, the parents are able to demonstrate what Children's does well and how the hospital can better meet the needs of patient families.

Since its inception, the Family Faculty has presented to several departments throughout the hospital, as well as at employee orientation sessions.

## Hospital expands services for deaf and hard of hearing

During 1996, Children's introduced new resources for deaf and hard-of-hearing patients and families as part of its ongoing efforts to enhance services for families with special communication needs. In May, Jody Steiner, CI/CT, an American Sign

*Jody Steiner, CI/CT, shows Tyler Richard, 8, of West Newton, Mass., and his father Ron the new toy teletypewriter in the waiting area of the Boston Center for Deaf and Hard-of-Hearing Children, based at the hospital.*

Language (ASL) interpreter, joined Interpreter Services, making Children's the first hospital in the area to have an ASL interpreter on staff. At the same time, the hospital improved its communications equipment for deaf and hard-of-hearing patients and families. Children's acquired 12 new

teletypewriters (TTYs), devices located throughout the hospital that enable those who are deaf or hard-of-hearing to communicate through typed messages, bringing the total to 14. The hospital has also added related equipment, such as light flashers that signal incoming telephone calls and an in-house television channel that runs closed-captioned information, programming, and movies.

### Volunteers support patient services

During 1996, 850 Children's Hospital volunteers donated more than 80,000 hours of their time to enhance the hospital experience for patients and families, and to provide extra operational support to the hospital. In addition to staffing and escorting patients to regular programs in the Patient Entertainment Center, volunteers assisted child life specialists in organizing unit-based entertainment programs for patients unable to leave their units.

In keeping with the changing needs of the hospital's patient families and staff, last year's volunteers also provided more assistance in outpatient programs, while maintaining an important presence on inpatient units. Volunteers helped to staff Emergency Services, select ambulatory clinics, the Young Parents Program, and Martha Eliot Health Center, Children's neighborhood health center in Jamaica Plain, Mass., providing activities not only for patients, but also for siblings.

### Gothing receives Shairs scholarship

Cheryl A. Gothing, R.N., clinical coordinator for the Cardiology Clinic and Cardiac Catheterization Laboratory, was the 1996 recipient of the Joshua Tyler Shairs Cardiac Scholarship. The $1,000 scholarship, established in 1990 by the family of Joshua Tyler Shairs, a Children's cardiac patient who died in 1987, is awarded annually to a Children's nurse working in one of the hospital's inpatient or outpatient cardiac programs.

Gothing joined Children's in 1989 and has worked in the Cardiovascular Program since 1990. The scholarship will assist her as she works to complete a bachelor of science degree in nursing at Atlantic Union College in South Lancaster, Mass.

## A Place for Children and Families

*From left, Jimmy Dezutter, 2, Katie Dezutter, 1, Chad O'Neil, 2, and Brooke O'Neil, 9 months, show off their Halloween costumes in Children's Admitting Department.*

Whether it is Halloween, Valentine's Day, or the Fourth of July, staff at Children's Hospital find ways for patients to celebrate the holidays and participate in festive activities. Every Halloween, Child Life Services sponsors a trick-or-treat stroll, and nurses stations and hospital offices pass out treats to the procession of costumed children.

Last Halloween, former inpatients Jimmy Dezutter, 2, and Chad O'Neil, 2, both of Framingham, Mass., returned to Children's to join the parade. Both boys were patients in Children's Newborn Intensive Care Unit—Jimmy for more than four months and Chad for nearly two. Through that experience, the two families became close friends. On holidays, the O'Neils and Dezutters often come to visit the nurses and other Children's staff that made their children's hospitalization easier. "The nurses love it when we come back," says Doreen O'Neil. "Watching Chad and Jimmy walk down the hall hand in hand is a miracle to all of us." Every day, hospital staff support families and patients in ways that will always be remembered fondly.

*Sesame Street character Elmo visits with his fans in the Patient Entertainment Center as Kevin Devine, left, sings for the crowd.*

## Special visitors shine in PEC, on patient units

In 1996, Children's patients marveled at magic shows, sang along with musicians, listened to stories, and met personalities from the sports and entertainment worlds in the Patient Entertainment Center (PEC) and on the inpatient units. In the PEC in October, popular Sesame Street character Elmo danced among children and later visited patient floors. During the holiday season, patients gathered around characters from the Boston Ballet's *Nutcracker* as a narrator read to them from the *Nutcracker* story. Student athletes from teams at Boston College displayed their sports equipment and talked with patients about lacrosse, baseball, and track and field. Regular performers, including singer Kevin Devine and magician Peter O'Malley, continued to delight young audiences at weekly PEC events organized by Volunteer Services.

To reach out to patients unable to leave their units, Volunteer Services arranged for some performers to bring entertainment directly to the inpatient units. In 1996, magician John Bonaparte began monthly visits to 9 East, the School-Age Medical Unit, and 9 North, the Neuroscience Unit. Other entertainers who appeared on the inpatient units included musician Peter Stewart and magician Dick O'Shea. Visits from Walt Disney character Goofy, race car drivers Rusty Wallace and Robbie Buhl, Boston Celtics and Boston Bruins players, and Fred the Baker of Dunkin' Donuts also brought excitement to the children on inpatient units.

## Bilingual chaplain joins Pastoral Care

In September 1995, Sister Carlotta Gilarde, C.S.J., joined Children's Department of Pastoral Care as one of eight chaplains who care for the spiritual needs of patients and families of all faiths, including Christianity, Judaism, and Islam. Prior to coming to Children's, Sister Carlotta, a Catholic nun, served for 26 years as a pastoral associate in Lima, Peru. In addition to being a Catholic chaplain, she is fluent in Spanish and provides pastoral care to Spanish speakers of all religious traditions at Children's.

## Family Education Program provides new resources

Founded in late 1994, the Family Education Program continued to grow under the new leadership of coordinator Anne Knights, R.N., and project manager Eileen Hession Laband, R.N., during 1996. Incorporating feedback from staff and families, the Family Education Program focused on developing comprehensive medical and hospital program information materials for families and on translating these educational documents into Spanish.

One hundred information sheets were developed in 1996, helping to educate families about their children's illnesses, home care and medication needs, and other topics related to their children's care. In the past year, Family Education materials were made available on Children's internal Web site and on the hospital's electronic messaging system, allowing staff members to access and distribute materials in a timely manner. Program staff members also presented workshops about the Family Education Program to Children's clinicians.

## Child Life Services expands role

During 1996, Child Life Services, the department that provides activities for patients and helps patient families cope with hospitalization or medical diagnoses and procedures, expanded its services to ambulatory programs, including Emergency Services. This effort addresses the ongoing shift in care delivery from inpatient to outpatient settings. To reach more areas of the hospital, child life specialists, who are trained in child development, supervised part-time activity assistants on the inpatient units and coordinated the efforts of 170 weekday volunteers on the inpatient units and in outpatient clinics during 1996.

In the fall of 1996, a new position for a child life specialist was created for Emergency Services. Julie Connors, C.C.L.S., and Tricia Zimbone, C.T.R.S., share the position and provide activities to patients and siblings in the waiting area seven days a week from 4:30 to 11 p.m.

*Julie Connors, C.C.L.S., provides activities for children waiting in Emergency Services.*

# Trustee and Overseer Activities

*David S. Weiner, hospital president and chief executive officer, left, and new trustee Ralph C. Martin II, Suffolk County District Attorney, at the hospital's 1996 annual dinner*

In 1996, Children's welcomed two new members to its Board of Trustees. In December 1995, Ralph C. Martin II was elected to the board, continuing his many years of contributions to the hospital. Martin, Suffolk County District Attorney since 1992, is known for initiating a wide range of reforms in the effort to protect abused children. He reorganized the county's Child Abuse Unit shortly after taking office and eliminated a backlog of more than 500 cases. Additionally, Martin founded the Juvenile Priority Prosecution Program, which has organized officials from the district attorney's office, schools, police and probation departments, and the state Department of Youth Services to help recognize at-risk youths and identify juvenile offenders. Philip A. Pizzo, M.D., Children's physician-in-chief, also joined the board upon his arrival in July 1996. Pizzo fills the seat vacated by David G. Nathan, M.D., former physician-in-chief.

In recognition of their many contributions to the hospital, six new members were named to Children's Board of Overseers for 1996: Marietta Cutler, R. John Fletcher, Michael G. Frieze, Rudman J. Ham, Deborah A. Scott, M.D., and William W. Wolbach Jr.

On Feb. 7, 1996, members of the Gardner family were honored by the hospital at a reception to name the board room in the Wolbach Building for their family. The Gardner Board Room recognizes the family's strong tradition of leadership and philanthropy since the founding of Children's Hospital. George Peabody Gardner (1855-1939), for whom the former Children's Gardner House was named, served on the hospital's governing board for 44 years, and served for 29 years as vice-president and president of the hospital. Following in his footsteps and maintaining strong ties to Children's Hospital are several of Gardner's grandchildren and great-grandchildren, including George P. Gardner

*Honorary life overseer and recipient of the 1996 Chairman's Award, WBZ personality Dave Maynard speaks to the crowd at the annual WBZ Farmstand.*

Jr., an honorary life overseer; Tania Gardner Smith, an active member of the Board of Overseers; and Rose Gardner Cutler, a graduate of the Children's Hospital School of Nursing. They were among the many family members who attended the reception to name the board room.

On May 16, nearly 300 members of the Children's Hospital family, including staff, trustees, overseers, volunteers, donors, and referring physicians, gathered at the Four Seasons Hotel for the 1996 Annual Dinner. As incoming physician-in-chief, Pizzo was the featured guest speaker. He spoke about the values of the hospital, its tradition of excellence, and its role as the nation's leader in child health.

At the dinner, the 1996 Chairman's Award was presented to Dave Maynard, an honorary life overseer, for his devoted volunteer service and longtime commitment to Children's. Maynard, who started the WBZ–Children's Hospital Fund 16 years ago, has been the guiding force behind the WBZ News Radio 1030 Farmstand and a host for the annual WBZ–Children's Hospital Telethon. Since the fund began its first campaign in 1980, it has raised more than $10 million for the hospital and its patients. The Chairman's Award is the highest honor bestowed for distinguished volunteer leadership in service to the hospital.

The Annual Dinner also honored several members of the medical staff for their distinguished service to the institution: Arnold H. Colodny, M.D., senior associate emeritus in Surgery (Urology); Walter J. Gamble, M.D., senior associate in Cardiology; and Sherwin V. Kevy, M.D., senior associate in Medicine (Hematology/Oncology) and former director of the Blood Bank and Transfusion Services. Tribute was also paid to David G. Nathan, M.D., former physician-in-chief, who stepped down in October 1995 to assume the position of president and chief executive officer at Dana-Farber Cancer Institute, and to Frederick H. Lovejoy Jr., M.D., associate physician-in-chief, who served as interim chief until Pizzo's arrival in July.

*Gardner family members, from left, Rose Dana, Tania Gardner Smith, and Susan Gardner*

# Children's Hospital League and Council Activities

During 1996, the Children's Hospital League and its division of young professionals, the Council, continued their tradition of generosity through a series of activities to raise funds for Children's Hospital.

Last year, the League and Council provided full support for the Big Apple Circus Clown Care Unit® (CCU) at Children's Hospital. Founded by professional clown Michael Christensen and operating in several New York City hospitals for 10 years, the CCU began at Children's in November 1995. Three days a week, Nurse B.B., Dr. Dollee, and Dr. Twist bring their medical humor to patients' bedsides, helping to alleviate the stresses of hospitalization.

In November 1996, a cocktail party was held at BJOUX on Newbury Street to kick off the 14th annual Festival for Children's Hospital, the League's largest fund-raising event. The black-tie gala, chaired by League board members Lynne Elfland, Susan Karelitz, and Randi Lapidus, was held at the Westin Hotel in Copley Place on Dec. 7. More than 1,000 guests attended the Festival, enjoying a silent auction, dinner, and dancing, and purchasing decorated trees, wreaths, and gingerbread houses donated by local floral and interior designers. The clowns from the CCU also made an appearance. On Dec. 8, the trees remained on display in the Westin lobby for Family Day. Hundreds of children and adults from throughout the region enjoyed the holiday decorations, as well as storytelling, face painting, refreshments, and other activities organized for families.

Other fund-raising efforts by the League during 1996 included a spring event hosted by Shreve, Crump & Low at their 330 Boylston St. location on May 22. Guests enjoyed an evening reception, featuring jewelry by Luca Carati, arias from Tosca performed by the Boston Lyric Opera, and Italian hors d'oeuvres provided by Trattoria Il Panino. Funds

*From left, Laura Wernick, League president, and Festival co-chairs, Randi Lapidus, Lynne Elfland, and Susan Karelitz, at the Festival kick-off party at BJOUX on Newbury Street, with BJOUX owner Barbara Jordan and Bryan Rafanelli, of Rafanelli Events*

*Council members, from left, Emilie Nixon, Council President Kim Fisher, Mike Slemmer, Susan Winnans, and Rich Pellegrini at a fund-raising event at the Back Bay Brewing Company*

were also raised through the League Thrift Shop in Brighton, Mass., and through the sale of AIDS pins to benefit the Children's Hospital AIDS Program.

The League's fall open board meeting in October featured a presentation by Howard C. Shane, Ph.D., director and founder of Children's Communication Enhancement Center since its founding in 1985. Shane spoke about advancements in assistive technologies for children and adults with impaired speaking or writing abilities.

The Council also had a fruitful year, producing a greeting card sold in support of the CCU, and organizing fund-raising events at a number of Boston restaurants. Social activities to benefit the hospital were held at Grill and Que, Back Bay Brewing Company, and Maison Robert.

In total, the League presented gifts of more than $340,000 in support of patient programs, research, and the CCU. Included in this total is a gift of $25,000 from the Council for the CCU.

*Founder of the Big Apple Circus Clown Care Unit® (CCU), Michael Christensen, left, also known as Dr. Stubs, poses with members of Children's CCU at the annual Festival for Children's Hospital. Back row, center, Nurse B.B.; at right, Dr. Twist; and Dr. Dollee.*

# WBZ–Children's Hospital Fund Highlights

*New 4 New England anchor Liz Walker visits with patients before the 1996 WBZ–Children's Hospital Telethon.*

With the support of thousands of donors, the WBZ–Children's Hospital Fund ended its 16th season with a record total of $1,126,128. Once again, the commitment and enthusiasm of the staff at WBZ News Radio 1030 and News 4 New England were major factors in the success of this annual campaign.

This year's fund was kicked off on Sept. 21 by the 14th annual Farmstand for Children's Hospital, held at Artesani Park on Soldiers Field Road in Boston. Hosted and organized by WBZ personality Dave Maynard and his wife Pat, the farmstand featured donated produce, baked goods, crafts, a flea market, and a raffle. Other highlights included a petting zoo, rides for children, and live entertainment. Thousands of the station's fans and Children's supporters attended the popular annual event, and enjoyed a beautiful, sunny autumn day.

*From left, WBZ personalities Dave Maynard and Liz Walker, William Aber, vice president and general manager of WBZ, and Ted Jordan, vice president and general manager of WBZ-AM, present a check representing the proceeds from the 1996 Farmstand to George H. Kidder, chairman of Children's Board of Trustees, and David S. Weiner, Children's president and chief executive officer.*

The fund drive culminated in the annual WBZ–Children's Hospital Telethon on Dec. 17 from 8 to 11 p.m. Featuring filmed stories about patients and live interviews with patients and their family members, the telethon highlighted the programs, services, and special care that distinguish Children's as the area's premier pediatric hospital. In addition to the broadcast from the television studio, the telethon also aired live from Children's Patient Entertainment Center and the Arsenal Mall in Watertown, Mass., with News 4 New England personalities and lively entertainment at each site. Throughout the telethon, check presentations were made by donors ranging from elementary school students to large corporations.

Leading corporate/association sponsors of the fund included the Boston Athletic Association, Dunkin' Donuts franchise owners, Filene's, Legal Sea Foods, New England Development Malls, Ocean Spray, Toys "R" Us, and United Airlines.

# STATISTICAL AND FINANCIAL REPORT

*All of us,*

*from administrators to*

*clinical staff to front-line staff,*

*must rededicate ourselves to*

*making the experiences of the*

*families who turn to us for care,*

*and the primary care physicians,*

*specialists, and other health care*

*providers who refer their patients*

*to us, as seamless, pleasant,*

*and dignified as possible.*

# Statistical and Financial Report

## STATISTICS

| | 1996 | 1995 |
|---|---|---|
| PATIENT: | | |
| Number of licensed beds | 325 | 325 |
| Discharges | 16,073 | 16,834 |
| Patient days | 83,617 | 88,052 |
| Observation days | 2,071 | 1,965 |
| Average stay in days | 4.72 | 4.79 |
| Clinic visits | 213,894 | 220,555 * |
| Emergency Services visits | 48,773 | 51,600 |
| Surgical procedures: | | |
| Inpatient | 7,981 | 8,147 |
| Outpatient | 6,357 | 6,176 |
| TOTAL | 14,338 | 14,323 |
| Radiology procedures | 96,374 | 102,908 |
| Laboratory tests | 1,291,878 | 1,317,743 |

**restated for 1995*

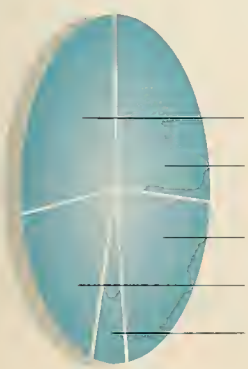
| | | |
|---|---|---|
| PERSONNEL: | | |
| Active medical staff | 658 | 642 |
| Active dental staff | 21 | 25 |
| Affiliate medical staff | 40 | — |
| Associated scientific staff | 219 | 198 |
| Courtesy staff | 282 | 262 |
| House staff | 613 | 448 |
| Consultants | 64 | 70 |
| Emeriti | 32 | 34 |
| Visiting staff | 2 | 1 |
| Nursing staff | 847 | 814 |
| Other full-time employees | 1,563 | 1,874 |
| Other part-time employees | 884 | 421 |
| Volunteers | 850 | 917 |

## Statement of Revenues and Expenses

*and funds used for capital additions years ending September 30, 1996 and 1995 (in thousands of dollars)*

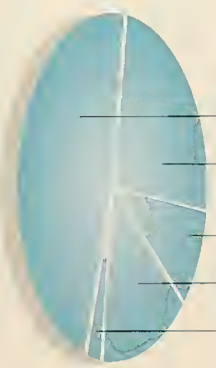
| | 1996 | 1995 (restated) |
|---|---|---|
| **Revenues:** | | |
| Gross patient services revenue | $332,976 | $325,274 |
| Deductions from patient services revenue | (103,846) | (89,245) |
| Net patient services revenue | 229,130 | 236,029 |
| Other operating revenue | 99,086 | 93,644 |
| Total operating revenues | 328,216 | 329,673 |
| **Operating Expenses:** | | |
| Salaries and wages | $120,371 | $122,921 |
| Operating expenses | 105,522 | 106,883 |
| Depreciation and amortization | 28,626 | 27,790 |
| Interest | 5,980 | 5,782 |
| Provision for uncollectible accounts | 8,568 | 11,086 |
| Expenses related to research | 57,597 | 52,963 |
| Total operating expenses | 326,664 | 327,425 |
| Surplus from patient care operations | 1,552 | 2,248 |
| Income from prior-year settlements | 566 | 686 |
| Excess of revenues over expenses | $ 2,118 | $ 2,934 |
| Capital additions | $ 26,259 | $ 30,911 |

### Sources of Revenues



- Inpatient routine services 22%
- Inpatient ancillary and other services 28%
- Other operating revenue 23%
- Outpatient ancillary services 19%
- Outpatient clinic and emergency services 8%

### Distribution of Expenses



- Salaries and fringe benefits 43%
- Supplies and other operating expenses 25%
- Depreciation and interest 11%
- Expenses related to research 18%
- Provisions for uncollectable accounts 3%

## Condensed Balance Sheet

*years ending September 30, 1996 and 1995 (in thousands of dollars)*

| Assets: | 1996 | 1995 *(restated)* |
|---|---|---|
| Current assets: | | |
| Cash | $ 63 | $ 95 |
| Accounts receivable, net | 75,584 | 68,032 |
| Inventories | 1,449 | 2,064 |
| Prepaid expenses | 2,009 | 959 |
| Current portion of assets whose use is limited | 6,558 | 6,881 |
| Due from parent corporation | 7,185 | 24,738 |
| Total Current Assets | 92,848 | 102,769 |
| Assets whose use is limited: | | |
| Under deferred compensation agreements | 8,036 | 7,370 |
| Under long-term debt agreements | 334 | 8,707 |
| Unamortized bond issuance fee | 1,359 | 1,475 |
| Plant, property, and equipment, net | 236,262 | 238,661 |
| Total assets | 338, 839 | 358,982 |
| Liabilities and Net Assets: | | |
| Current liabilities: | | |
| Current portion of long-term debt | $ 4,390 | $ 4,877 |
| Accounts payable and accrued expenses | 51,822 | 52,349 |
| Due to third-party payors | 4,261 | 6,978 |
| Funds held for others | 2,199 | 499 |
| Total current liabilities | 62,672 | 64,703 |
| Long-term debt, excluding current portion | 118,149 | 122,387 |
| Deferred compensation | 8,036 | 7,370 |
| Long-term portion of estimated third-party liabilities | 7,191 | 12,681 |
| Deferred revenue | 8,888 | 10,096 |
| Reserve for medical malpractice | 6,318 | 7,734 |
| Total liabilities | 211,254 | 224,971 |
| Net assets: | | |
| Unrestricted | 126,621 | 133,115 |
| Temporarily restricted | 964 | 896 |
| Total net assets | 127,585 | 134,011 |
| Total liabilities and net assets | $338,839 | $358,982 |

Children's licenses some of its research discoveries to companies for research and/or commercial development, and in return, sometimes receives equity, either as capital stock or as options to buy capital stock, as partial consideration for a license. In fiscal 1996, Children's owned license-based equity in the following companies under such arrangements: Athena Neurosciences, Inc.; Boston Life Sciences, Inc.; Entremed, Inc.; ProCell Pharmaceuticals, Inc.; and Urosurge, Inc.

## PEOPLE AND DEPARTMENTS

*Growing public health and social needs of children, combined with reductions in public and private funding from all sources, call for us to exert a greater influence on the social and political factors that contribute to good health, while we work to keep our doors open to any child who needs care.*

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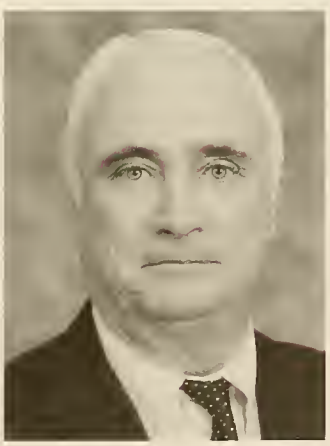

*James H. Walsh III*

# People

## Children's Circle of Care

*The Children's Circle of Care was founded in 1995 by 19 pediatric hospitals in the United States and Canada to recognize and honor generous individuals and family foundations supporting child health care. These donors make annual gifts of $10,000 or more to their local children's hospitals, and provide leadership and inspiration to those whose mission it is to heal sick children. Members in calendar year 1996 from Boston Children's Hospital are listed below.*

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Alan J. Bernon Family Foundation
Mr. and Mrs. Peter M. Bernon
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William E. Weems Jr.

## President's Forum

*Children's Hospital gratefully acknowledges the generosity of all donors during fiscal year 1996, October 1, 1995 through September 30, 1996. Listed on the following pages are members of the President's Forum and all others contributing $1,000 or more. Members of Children's Circle of Care, listed above, are also members of the President's Forum.*

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Daniel German, M.D.
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Atlantic Plywood Corporation
B & T Association, Inc.
BALCO, Inc.
Bemis Associates Inc.
Biogen Inc.
Borden, Inc.
Boston Celtics Limited Partnership
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Hard Rock Cafe Los Angeles
Hoffmann-LaRoche Inc.
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Mead Johnson Nutritional Group
MIADA
Microcom, Inc.
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Alpha Omega Council, Inc.
Alpha Phi Omega
E. Amanti & Sons Inc., Employees
Annie's Open Golf Tournament
Armstrong World Industry, Inc., Employees
Ashland Memorial VFW Post #2331
Ashmont Discount Stores, Employees
AXION
Babson Skating Club
Belmont High School, Staff and Students
Bethesda Lodge, No. 30. I.O.O.F.
Boston College Office of Internal Auditing
The Butcher Boy Classic Golf Tournament
Cambridge Electric Light Co., Employees
Cannon & Associates, Inc., Friends
Captain Crombas Messenian Society
Cathedral Sunday School
Championship Auto Racing Auxiliary

Children's Hospital, Employees
Children's Hospital Council
The Children's Hospital League
Claypit Hill School, Fifth Grade Class
Cohasset Benefit Tennis Tournament
Colorado Springs Orthopaedic Association, P.C.
The Chet Stone Dillon Open
Dutch Kitchen, Inc., Customers
Epilepsy Association of Massachusetts, Inc.
The Epsilon Omicron Kappa Hellenic Women's Club
Faneuil Hall Comedy, Inc.
Philip Frieze Memorial Golf Tournament
Greek Children of the Newton Community
Harvard Medical School, Medical Education Unit
Hellenic Cardiac Fund for Children
Hilltop Athletic Association, Inc.
Jewish Federation of The North Shore, Inc.
The Lantern Club of Boston
Lend A Hand Society
Mass. Automatic Merchandising Council
Massachusetts Financial Services Company, Employees
Massachusetts State Grange
Metro-West All Star Football Classic
Monhegan Sail
Megan Rose Nevins Memorial Golf Tournament
New England Association of Retail Lenders, Inc.
New Hampshire International Speedway
North Shore Hellenic Women's Guild
Purity Supreme Employees Sunshine Fund
Rockland Golf Course and Friends
Seekonk Congregational Church
L. S. Starrett Company, Employees
State Street Bank, Employees
State of New Hampshire Office of the State Treasurer
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Connie Watson Charity Golf Tournament
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Children's Hospital Surgical Foundation
Children's Orthopaedic Surgery Foundation
Children's Urological Foundation, Inc.
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CHMC Anesthesia Foundation
CHMC Cardiovascular Surgical Foundation
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*Many donors choose to honor and remember friends and loved ones through gifts to Children's Hospital. The following individuals were honored with gifts totaling $1,000 or more in fiscal year 1996.*

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Alexander S. Nadas, M.D.
Julian L. Pearlman, M.D.
Elizabeth Bradlee Perry
Nancy E. Perry
Dorothy J. Piper
Joseph W. Potter Jr.
Nancy Upp Potter
Richard Prouty
Norman S. Rabb
Ephraim Radner
Roger A. Saunders
Stanley Shmishkiss
John K. Spring
Anne B. Stone
Humphrey H. Swift
John F. Taplin
Sara K. Wallace
Ann T. Warren
Nancy Wilder

* deceased

## Volunteer Service

*The volunteers listed below completed 10 or more years of service in 1996.*

| | |
|---|---|
| Argiro Aghiorgoussis | 13 |
| The Rev. Joseph Bassett | 23 |
| Robert Begin | 19 |
| Libby Casty | 22 |
| Louis Cherson | 16 |
| Marian Clark | 31 |
| Laura Clarke | 12 |
| JoAnn DiSalvo | 14 |
| Rose DiSanto | 11 |
| Polly Dunn | 13 |
| Fred Feldmesser | 15 |
| Clyde Forde | 14 |
| Edna Mae Foreman | 19 |
| Scott Freedland | 10 |
| Anne Gamble | 16 |
| Nancy George | 20 |
| Mary Georgenes | 17 |
| Marilyn Goldberg | 19 |
| Priscilla Gray | 13 |
| Robert Groden | 31 |
| Marie Hopkins | 10 |
| Bessie Kotsakis | 12 |
| Charles Lloyd | 22 |
| Ed Madden | 12 |
| Joshua Margolis | 10 |
| Gwen Muldoon | 12 |
| Dick O'Shea | 16 |
| Rhoe Papoulias | 11 |
| Bess Pappas | 22 |
| Chris Pappas | 15 |
| Mae Rosenberg | 35 |
| Margaret Sauer | 11 |
| Sandy Selesky | 24 |
| Clara Sheskey | 14 |
| Lillian Shulman | 39 |
| Katherine Speliotis | 14 |
| Patricia Squire | 15 |
| Jack Stuart | 10 |
| Greely Summers | 19 |
| Josephine Worrell | 14 |

## Administration

David S. Weiner, president and chief executive officer
Michael F. Epstein, M.D., executive vice president and chief operating officer
George L. Adler, Ph.D., vice president for Information Services
Miles Coverdale, vice president and chief financial officer
Susan C. Hancox, vice president for Administration and Human Resources
Carol D. Ishkanian, interim vice president for Development and Public Affairs
Deborah C. Jackson, vice president for Network Development and Community Services
Steven C. Marsh, vice president for Strategic Planning and Business Development
William New, vice president for Research Administration
Stuart J. Novick, vice president and general counsel
Marjorie G. O'Kane, assistant to the president
Eileen M. Sporing, M.S.N., R.N., vice president for Patient Services

# Departments, Divisions, and Programs

## Department of Anesthesia

Paul R. Hickey, M.D.,
anesthesiologist-in-chief
Mark A. Rockoff, M.D.,
associate anesthesiologist-in-chief

*Anesthesia Services*
Babu V. Koka, M.B., B.S., clinical director

*Cardiac Anesthesia Service*
Peter C. Laussen, M.B., B.S., co-director
Francis X. McGowan Jr., M.D., co-director

*Extramural Anesthesia Service*
Robert S. Holzman, M.D., director

*Multidisciplinary Intensive Care Unit*
Robert D. Truog, M.D., director

*Pain Treatment Service*
Charles B. Berde, M.D., Ph.D., director

*Division of Respiratory Care*
John H. Arnold, M.D., F.A.A.P.,
medical director

*Sedation Services*
Constance S. Houck, M.D., clinical director

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James E. Lock, M.D., cardiologist-in-chief
Jane W. Newburger, M.D., M.P.H.,
associate cardiologist-in-chief

*Cardiac Catheterization Laboratory*
Barry Keane, M.D., director

*Cardiovascular Intensive Care Unit*
David L. Wessel, M.D., chief

*Electrophysiologic Laboratories*
Edward P. Walsh, M.D., director

*Cardiovascular Service*
Michael D. Freed, M.D., chief

*Noninvasive Cardiovascular Laboratories*
Steven D. Colan, M.D., director

## Department of Cardiovascular Surgery

Richard A. Jonas, M.D.,
cardiovascular surgeon-in-chief

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Stephen Shusterman, D.M.D., dentist-in-chief
Howard L. Needleman, D.M.D.,
associate dentist-in-chief

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Philip A. Pizzo, M.D., physician-in-chief
Frederick H. Lovejoy Jr., M.D.,
associate physician-in-chief

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S. Jean Emans, M.D., co-chief

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Michael W. Shannon, M.D., M.P.H.,
associate chief

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Joseph A. Majzoub, M.D., chief

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Joseph I. Wolfsdorf, M.D., director

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Alan M. Leichtner, M.D., director

*Nutrition Support Service*
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director

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Henry H. Bernstein, D.O., associate chief
Leonard A. Rappaport, M.D., associate chief

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Edward Z. Tronick, Ph.D., director

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Eli H. Newberger, M.D., director

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executive director

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Henry H. Bernstein, D.O., director

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Samuel E. Lux IV, M.D., co-chief

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Mitchell R. Lester, M.D., director

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Stephen E. Gellis, M.D., director

*Immunology*
Fred S. Rosen, M.D., director

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*Clinical Neonatology*
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Mary Ellen B. Wohl, M.D., chief

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Robert D. Truog, M.D., chief

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*Richmond Service (Psychiatry)*
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*Short Stay Service*
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**Division of Neuroscience**
Michael E. Greenberg, Ph.D., director

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ophthalmologist-in-chief

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orthopaedic surgeon-in-chief

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Gerald B. Healy, M.D.,
surgeon-in-chief for clinical affairs and otolaryngologist-in-chief
Trevor J.I. McGill, M.D.,
associate otolaryngologist-in-chief

*Communication Enhancement Center*
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*Longwood Skull Base Program*
Ivo P. Janecka, M.D., director

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Douglas C. Anthony, M.D., Ph.D.,
associate pathologist-in-chief

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psychiatrist-in-chief
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Gerald P. Koocher, Ph.D., chief

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Joshua D. Sparrow, M.D., co-director
Brigid L. Vaughan, M.D., co-director

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chief, Radiation Oncology
C. Norman Coleman, M.D.,
chief, Joint Center for Radiation Therapy

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Patrick D. Barnes, M.D., chief

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S.T. Treves, M.D., chief

**Division of Vascular/Interventional Radiology**
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Judah Folkman, M.D., director

*Trauma Center*
Dennis P. Lund, M.D., director

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Marc R. Laufer, M.D., chief

**Division of Plastic Surgery**
Elof Eriksson, M.D., Ph.D., chief
Richard A. Bartlett, M.D., associate chief

**Division of Urology**
Alan B. Retik, M.D., chief

* resigned January 1997

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*Whenever a child is in need, whether from around the corner, across the country, or around the world, Children's must always be here, providing compassionate, life-saving treatments, ground-breaking research, and the very best medical care to every child who needs our help, even when families cannot afford to pay.*

*Your support helps to sustain Children's as the best pediatric hospital in the country. As you consider the following opportunities, please remember that every gift makes a difference.*

- Support Children's Hospital with a donation of cash, appreciated securities, or personal property.
- Remember Children's Hospital through a bequest in your will.
- Create an endowment or fellowship fund designated to a field of research or patient care that is of special interest to you.
- Plan a gift that provides income for life, like a gift annuity or charitable remainder trust.
- Honor someone special or recognize an important event, such as a birthday, wedding, or graduation, with a memorial or tribute gift.
- Organize a special event in your community to raise funds for Children's.
- Donate on the World Wide Web at www.childshope.org.
- Designate Children's Hospital through your employer's matching gift program or through a payroll giving program.
- Purchase Children's Hospital holiday cards.
- Support the WBZ–Children's Hospital Fund during the annual Children's Hospital Telethon on News 4 New England in December.

When you make a gift to Children's Hospital, you are giving many sick and injured children the hope for a healthy future.

For more information, please call the Office of Development at Children's Hospital, Boston, at (617) 355-6890, or visit the hospital's Web site at www.childrenshospital.org/development.

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- Remember Children's Hospital through a bequest in your will.
- Create an endowment or fellowship fund designated to a field of research or patient care that is of special interest to you.
- Plan a gift that provides income for life, like a gift annuity or charitable remainder trust.
- Honor someone special or recognize an important event, such as a birthday, wedding, or graduation, with a memorial or tribute gift.
- Organize a sp your commu for Children's
- Donate on th Web at www
- Designate Ch through your matching gift through a pa program.
- Purchase Chi holiday cards
- Support the Hospital Fun annual Child Telethon on N England in D

Children's Hospital

When you make a gift to Children's Hospital, you sick and injured children the hope for a healthy future.

For more information, please call the Office of Development at Children's Hospital, Boston, at (617) 355-6890, or visit the hospital's Web site at www.childrenshospital.org/development.

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